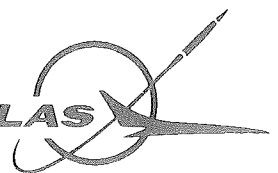


**MCDONNELL DOUGLAS**



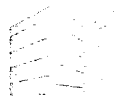
*Douglas Aircraft Company*

# **CST ENVIRONMENTAL, INC**

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**CST ENVIRONMENTAL, INC**

Contractor License #549566  
DOSH #177  
2100 East Via Burton Street  
Anaheim, CA 92806  
714/991-8300 FAX 714/991-8226

## **CLOSE-OUT DOCUMENTATION**

Prepared for:

**FORENSIC ANALYTICAL**  
Mr. Stephen B. Long  
2959 Pacific Commerce Drive  
Rancho Dominguez, CA 90221

Project:

**McDonnell Douglas Facility**  
Harbor Gateway Center  
1414 190th Street  
Torrance, California

Los Angeles • Houston • Las Vegas • Dallas • San Francisco • Boston

**BOE-C6-0079211**





# **Certificate of Completion**

# CST ENVIRONMENTAL, INC

## CERTIFICATE CONCERNING ASBESTOS REMOVAL

The undersigned, CST Environmental, Inc. (a licensed California Contractor, Section II) has completed the removal of asbestos containing material from McDonnell Douglas Harbor Gateway Center located at 1414 190th Street, Torrance, California (The Project). In connection with such work, the undersigned hereby certifies to McDonnell Douglas Realty Company (The Owner) and Forensic Analytical (The Consultant) as follows:

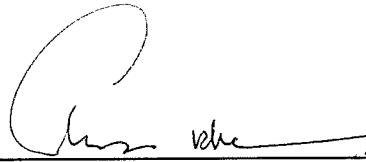
1. The South Coast AQMD and CAL/OSHA were notified of the project by the filing of the Asbestos Removal Notification information sheet, attached hereto in Section III.
2. The project was conducted from September 9, 1996 through March 1, 1997, in accordance with EPA, SCAQMD and CAL/OSHA guidelines and regulations, including specifications concerning use of pressure differential system, personal protection and decontamination of workers, air monitoring, work area decontamination and disposal.
3. The workers employed on the project were the following persons: Artemio Aguilar, Asis Abed, Antonio Alia, Martin Avila, Fabian Barajas, Romuldo Bringas, Alberto Carrillo, Oswaldo Castillo, Arturo Castor, Pedro Castor, Emiliano Centeno, Naum Chavez, Raul Cortez, Hector Cota, Alvaro Covarrubias, Eduardo Deanda, Joe Dominguez, William Drewek, Angel Enriquez, Hector Espinosa, Clemente Gallos, Juan Gallos, Hector Gandara, Fidel Garcia, Leandro Garcia, Raul Garcia, Joe Garza, Mauricio Henriquez, Armando Hernandez, Calixto Hernandez, Jorge Hernandez, Miguel Hernandez, Oscar Hernandez, Juan Jiminez, Efrain Lara, Ezequiel Lara, Isreal Lara, Antonio Lopez, Humberto Lopez, Luis Lopez, Jose Luis Garcia, Jose Luis Zamudio, Napoleon Manriquez, Luis Martinez, Manuel Medino, Jesus Mendez, Francisco Meza, Martin Miramontes, Oscar Miranda, Raul Moreno, Todd Nordeen, Mauro Nunez, Isidro Ortiz, Jose Ortiz, Antonio Padilla, Emilio Palacios, Manuel Palencia, Manuel Palmero, Martin Perdomo, Camilo Perez, Gustavo Perez, Jorge Perez, Jose Perez, Norman Perez, Herman Portillo, Domingo Ramirez, Pedro Reyes, Rogelio Reyes, Ricky Rickard, Juan Rios, Douglas Rivas, Ernesto Roldan, Miguel Roman, Hector Rosales, Esteban Sagastume, Peter Sanchez, Cirenio Sandoval, Fortino Sandoval, Juan Carlos Sigueros, Anthony Stuber, Thomas Takushi, Manuel Torres, Sergio Torres, Alejandro Uriostegui, Mauricio Uriostegui, Fernando Vega (Victor), Oscar Vega, Ruben Vega, Victor Vega, Domingo Velasco, Lawrence Zazueta and Sixto Zazueta. Each of them has completed all necessary training, including their respirator fit test, and has signed CST Environmental's acknowledgment statement.

## CST ENVIRONMENTAL, INC

4. CST Environmental requires an annual physical examination of each asbestos exposed worker in accordance with OSHA medical monitoring requirements. Each employee was found to be in good health, as evidenced by the copies of their medical examinations.
5. Personal air monitoring performed on site was analyzed by Ecologics Lehr and Environmental Data Management. Results are attached in Section IV.
6. All asbestos containing material which was removed is evidenced by the non-hazardous and hazardous waste manifests, attached in Section V.
7. The asbestos containing material (fireproofing, poly, coveralls, tape, etc.) removed from the building, was double bagged and labeled by CST Environmental. The material was hauled by MP Environmental Services and/or Union Pacific Environmental Transportation and disposed of at EDC Environmental in East Carbon, Utah. The hauler permit and landfill fact sheets are attached in Section VI.

Signed and Submitted this 2nd day of April, 1997.

By:



Subhas "Sage" Khara  
President


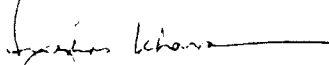
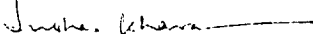
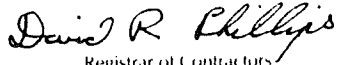
II

## **Permits and Licenses**



## Permits and Licenses

Enclosed please find State Contractors License, Asbestos Certification, CAL/OSHA registration, and Hazardous Waste Hauler Registration.

<p>State of California</p> <p><b>Contractors State License Board</b></p> <p>Pursuant to Chapter 9 of Division 3 of the Business and Professions Code and the Rules and Regulations of the Contractors State License Board, the Registrar of Contractors does hereby issue this license to:</p> <p><b>C S T ENVIRONMENTAL INC</b></p>	
   Signature of Licensee   Signature of License Qualifier	<p>to engage in the business or act in the capacity of a contractor in the following classification(s):</p> <p><b>B - General Building Contractor</b> <b>ASB - Asbestos Certified</b> <b>C-2 - Insulation and Acoustical</b></p> <p>Witness my hand and seal this day,  November 26, 1990  Issued November 23, 1988 CERTIFIED COPY</p> <p> Registrar of Contractors</p> <p>549566 License Number</p>
<p><small>This license is the property of the Registrar of Contractors, is not transferable, and shall be returned to the Registrar upon demand when suspended, revoked, or invalidated for any reason. It becomes void if not renewed.</small></p>	

LSI 24 REV. 1/89

№ 276631

STATE OF CALIFORNIA  
STATE AND CONSUMER SERVICES AGENCY CONTRACTORS STATE LICENSE BOARD

DEPARTMENT OF  
**Consumer Affairs**

*Building Quality*

**ASBESTOS CERTIFICATION**

Pursuant to the provisions of Section 7058.5 of the Business and Professions Code, the Registrar of Contractors does hereby certify that the following qualifying person has successfully completed the asbestos certification examination:



Qualifier: **SUBHAS KHARA**

License No.: **549566**

Namestyle: **C S T ENVIRONMENTAL, INC.**

WITNESS my hand and official seal this  
19th day of JANUARY 1989

*David R. Phillips*  
Registrar of Contractors

13L-35 (7/88)

This certification is the property of the Registrar of Contractors, is not transferable, and shall be returned to the Registrar upon demand when suspended, revoked, or invalidated for any reason.

**A5016**



State of California  
CONTRACTORS STATE LICENSE BOARD  
ACTIVE LICENSE



License Number: **549566** Entity: **CORP**

Business Name: **C S T ENVIRONMENTAL INC**

Classifications: **ASB B C-2 A C21 HAZ**

Expiration Date: **11/30/1998**



STATE OF CALIFORNIA  
STATE AND CONSUMER SERVICES AGENCY CONTRACTORS STATE LICENSE BOARD



*Building Quality*



## HAZARDOUS SUBSTANCES REMOVAL AND REMEDIAL ACTIONS CERTIFICATION

Pursuant to the provisions of Section 7058.7 of the Business and Professions Code, the Registrar of Contractors does hereby certify that the following qualifying person has successfully completed the hazardous substances removal and remedial actions examination.



Qualifier: RICHARD DE WAYNE BALES

License No.: 549566

Business Name: CST ENVIRONMENTAL INC

WITNESS my hand and official seal this

10th day of april 1996

*Dennis R. Phillips*  
Registrar of Contractors

13L-36 (12-91)

This certification is the property of the Registrar of Contractors, is not transferable, and shall be returned to the Registrar upon demand when suspended, revoked, or invalidated for any reason.

A 6921

Renewal 8

State of California



Department of Industrial Relations  
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

# *Certificate of Registration for Asbestos-related Work*

Certificate No. 177

Expiration Date 01/20/98

CST ENVIRONMENTAL, INC.

(Name of Employer)

is duly registered by the Division of Occupational Safety and Health in accordance with the California Administrative Code, Title 8, Article 2.5 for asbestos-related work.

01/06/97

Date of Issuance

  
Chief

Division of Occupational Safety and Health

Effective Date : 01/21/97

CSLB No. 549566

This registration is valid only when the following requirements and conditions are met:

1. The registered employer shall safely perform asbestos-related work in compliance with relevant occupational safety and health regulations.
2. The registered employer shall notify the Division of changes in work locations or conditions as specified by Section 341.9 of Title 8 of the California Administrative Code.
3. The registered employer shall post a sign readable at 20 feet at the location of any asbestos-related work stating

"Danger-Asbestos.  
Cancer and Lung Hazard.  
Keep Out."

4. The registered employer shall provide a copy of this registration certificate to the prime contractor and any other employers at the site before the commencement of any asbestos-related work.
5. The registered employer shall conduct a **safety conference** prior to the commencement of any asbestos-related work as specified by Section 341.11 of Title 8 of the California Administrative Code.
6. The registered employer acknowledges the Division's right to revoke or suspend this registration as provided by Section 341.14 of title 8 of the California Administrative Code.

STATE OF CALIFORNIA—CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

PETE WILSON, Governor

DEPARTMENT OF TOXIC SUBSTANCES CONTROL

400 P STREET, 4TH FLOOR  
P.O. BOX 806  
SACRAMENTO, CA 95812-0806

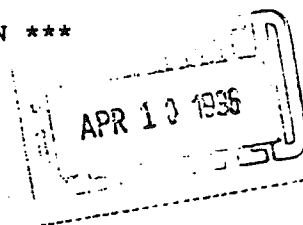


(916) 323-3219

\*\*\* HAZARDOUS WASTE TRANSPORTER REGISTRATION \*\*\*

NAME AND ADDRESS OF REGISTERED TRANSPORTER:

CST Environmental, Inc.  
2100 E, Via Burton Street  
Anaheim, California 92806



TRANSPORTER REGISTRATION NO: 2629

EXPIRATION DATE: May 31, 1997

THIS IS TO CERTIFY THAT THE FIRM NAMED ABOVE IS DULY REGISTERED TO TRANSPORT HAZARDOUS WASTE IN THE STATE OF CALIFORNIA IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER 6.5, DIVISION 20 OF THE HEALTH AND SAFETY CODE AND DIVISION 4.5, TITLE 22 OF THE CALIFORNIA CODE OF REGULATIONS.

THIS REGISTRATION CERTIFICATE MUST BE CARRIED WITH EACH SHIPMENT OF HAZARDOUS WASTE.

  
(AUTHORIZED SIGNATURE)

APR 05 1996

(DATE)

cc: California Highway Patrol



BOE-C6-0079223



# Notification



CPIC. 12/16/96

12/26/96  
01/16/97  
02/26/97SOUTHERN COAST AIR QUALITY MANAGEMENT DISTRICT  
NOTIFICATION OF DEMOLITION OR ASBESTOS REMOVAL

21865 E. Copley Drive, Diamond Bar, CA 91755-4182 (909) 396-2000

ACMD USE ONLY	SCREEN BY	RECEIVED	POSTMARK	ENTERED BY	NOTIFICATION #
COMPLETED BY ROBERT/ALVAREZ COMPANY CST ENVIRONMENTAL, INC. PHONE (714) 991-8300					
DATE 02/26/97	CHECK #	FEE \$ 10.20	PROJECT # 97-109 A1	(5)	
NOTIFICATION TYPE	ORIGINAL	REVISION DATES X	REVISION OTHER (HIGHLIGHT)	CANCELLATION	
PROJECT TYPE	DEMOLITION	ORDERED DEMOLITION	RENOVATION (REMOVAL)	EMERGENCY RENO	PLANNED RENO (ANAL)
SITE INFORMATION	SITE NAME MC DONNELL DOUGLAS - TORRANCE FACILITY				
TEADDRESS 1414 190TH STREET					
CITY TORRANCE	STATE CA	ZIP 90501	COUNTY LOS ANGELES		
DESCRIBE WORK LOCATION BUILDING # 37 TOWER					
BUILDING SIZE (SQ FT) 54,000 SQ FT	NUMBER OF FLOORS 4	BUILDING AGE (YEARS) 45	NUMBER OF DWELLING UNITS		
PRESENT USE	COMMERCIAL	HOSPITAL	INDUSTRIAL	MISCELLANEOUS	OFFICE PUBLIC BLDG RESIDENCE SCHOOL SHIP UNIV/COLLEGE VACANT
PREVIOUS USE	COMMERCIAL	HOSPITAL	INDUSTRIAL	MISCELLANEOUS	OFFICE PUBLIC BLDG RESIDENCE SCHOOL SHIP UNIV/COLLEGE VACANT
OWNER MC DONNELL DOUGLAS REALITY ADDRESS 4060 LAKEWOOD BLVD					
CITY LONG BEACH	STATE CA	ZIP 90808	CONTACT MARIO STAVALE	PHONE 310-627-3014	
REQUIRED BUILDING INFORMATION	ASBESTOS PRESENT? YES NO	ASBESTOS SURVEY? YES NO	ASBESTOS REMOVED? YES NO	BUILDING TO BE DEMOLISHED? YES NO	
PROJECT DATES	START	END	WORK SHIFT (am/pm)		
REMOVAL DATES	START 12/17/96	END 03/14/97 02/28/97	WORK SHIFT (am/pm) AM		
ASBESTOS AMOUNT TO BE REMOVED (in square feet)	FRIABLE 1,500 SQ FT	CLASS I	CLASS II	TOTAL REMOVED (add rows) 1,500 SQ FT	
ASBESTOS REMOVED FROM	SURFACES		PIPES	COMPONENTS	
DESCRIBE THE MATERIALS	ACOUSTIC CEILING LINOLEUM INSULATION FIRE PROOFING DUCTING				
FLOOR TILES (VAT)	DRY WALL	PLASTER	TRANSITE	OTHER (describe)	
CONTRACTOR INFORMATION	CSLB LICENSE # 549566	CSHA REG # 177	ACMD ID # 75561		
NAME CST ENVIRONMENTAL, INC. ADDRESS 2100 E. VIA BURTON					
CITY ANAHEIM	STATE CA	ZIP 92806	SITE SUPERVISOR TODD NORDEEN	PHONE (714) 991-8300	
WASTE TRANSPORTER #1 SOUTHERN PACIFIC TRANS	LANDFILL ECDC ENVIRONMENTAL				
ADDRESS 1 MARKET PLAZA			ADDRESS 1111 WEST HWY 123		
CITY SAN FRANCISCO	STATE CA	ZIP 94104	CITY EAST CARBON	STATE UT	ZIP 84522

WASTE TRANSPORTER #2			WASTE STORAGE SITE		
ADDRESS			ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP

CONTROLS: DESCRIBE WORK PRACTICES AND CONTROLS TO BE USED AT THE DEMOLITION AND RENOVATION SITE. FOR ASBESTOS REMOVAL WORK, INDICATE RULE 1403 PROCEDURE # 1, 2, 3, 4 OR 5 OR COMBINATIONS OF PROCEDURES USED. FOR PROCEDURES 4 AND 5, SUBMIT PLAN FOR ACDM PRIOR APPROVAL. PROCEDURE #:

FIVE

ASBESTOS DETECTION PROCEDURE: DESCRIBE THE METHODS AND PROCEDURES USED TO DETERMINE WHETHER ASBESTOS IS PRESENT AT THE SITE, INCLUDING THE ANALYTICAL METHODS:

PLM

FOR ORDERED DEMOLITION SEND A COPY OF THE ORDER AND GIVE THE AGENCY NAME:

AUTHORIZING PERSON:

TITLE

DATE OF ORDER:

DATE ORDERED TO BEGIN:

FOR EMERGENCY ASBESTOS REMOVAL GIVE THE NAME AND PHONE NUMBER OF THE PERSON DECLARING/AUTHORIZING THE EMERGENCY, DAY AND HOUR OF EMERGENCY AND DESCRIBE THE SUDDEN, UNEXPECTED EVENT:

EXPLAIN HOW THE EVENT WOULD CAUSE UNSAFE CONDITIONS, EQUIPMENT DAMAGE OR UNREASONABLE FINANCIAL BURDEN:

CONTINGENCY PLAN: DESCRIBE ACTIONS AND PROCEDURES TO BE FOLLOWED IF UNEXPECTED ASBESTOS IS FOUND DURING DEMOLITION OR NONFAS ASBESTOS MATERIAL BECOME CRUMBLED, PULVERIZED, OR REDUCED TO POWDER. FULL CONTAINMENT, WET REMOVAL METHOD, PROTECTIVE CLOTHING, RESPIRATORS, PRESSURE DIFFERENTIAL SYSTEMS USING HEPA FILTRATION SYSTEM. DISPOSE INTO 6 MIL PLASTIC BAGS DOUBLED AND LABELED

TRAINING CERTIFICATION: I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF REGULATION ACDM RULE 1403 AND NESHAP WILL BE ON-SITE DURING THE REMOVAL AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.

ROBERT ESPINOSA  
PRINT NAME OF OWNER/OPERATOR

  
SIGNATURE OF OWNER/OPERATOR

DATE 02/26/97

INFORMATION CERTIFICATION: I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND I HAVE ENCLOSED ANY REQUIRED ATTACHMENTS.

ROBERT ESPINOSA  
PRINT NAME OF OWNER/OPERATOR

  
SIGNATURE OF OWNER/OPERATOR

DATE 02/26/97

NOTIFICATIONS ARE NOT ACCEPTED WITHOUT THE REQUIRED ASBESTOS FEE (ACMD Rule 301). REMOVAL LESS THAN 100 SQUARE FEET ARE EXEMPT FROM NOTIFICATION AND FEES. PLEASE MAKE CHECK PAYABLE TO "SCACMD". FEES ARE PER NOTIFICATION, NOT REFUNDABLE, AND VARY ACCORDING TO THE ASBESTOS AMOUNT TO BE REMOVED. FEES ARE AS FOLLOWS:

FROM 100 TO 1,000 SQUARE FEET	\$ 10.24
FROM 1,001 TO 5,000 SQUARE FEET	\$ 75.81
FROM 5,001 TO 10,000 SQUARE FEET	\$ 179.20
MORE THAN 10,000 SQUARE FEET	\$ 251.54

DEMOLITIONS	\$ 25.50
REVISIONS	\$ 10.24
CANCELLATIONS	\$ 00.00
PROCEDURE 4 OR 5 PLANS	\$ 251.54

NOTE: STATE LAW REQUIRES THAT YOU GIVE A COPY OF DEMOLITION NOTIFICATIONS TO YOUR LOCAL BUILDING AND SAFETY DEPARTMENT. PLEASE KEEP A COPY.

MAIL ORIGINAL TO: SCACMD, RULE 1403 ASBESTOS NOTIFICATIONS, P.O. BOX 4950, DIAMOND BAR, CA 91765-0950  
TELEPHONE : (909) 396-2106 FAX: (909) 396-3342

CAL/OSHA-

TORRANCE

08/23/96

12/02/96

12/16/96

01/16/97

02/26/97

\* REVISION \*

**TEMPORARY WORKSITE NOTIFICATION FOR ASBESTOS  
and METHYLENEDIAMINE-RELATED WORK**

\* REVISION \*

97-109A

COMPANY/EMPLOYER NAME: CST ENVIRONMENTAL, INC.HEADQUARTERS ADDRESS: 2100 EAST VIA BURTON STREET, CA 92506\*CONTRACTORS STATE LICENSE BOARD LICENSE NUMBER: 549566DOSH-OSHA (CAL/OSHA) \*ASBESTOS REGISTRATION NUMBER: 177

and/or \*REPORT OF USE\* REGISTRY NUMBER: \_\_\_\_\_

ADDRESS OF TEMPORARY WORKSITE and PRECISE LOCATION: MCDONNELL DOUGLAS - TORRANCE1414 190TH STREET, TORRANCE, CA 90501NEAREST INTERSECTION: 190TH AND WESTERNTYPE OF BUSINESS: COMMERCIAL\*NAME OF CERTIFIED SUPERVISOR: TODD NORDEEN

\*NAME OF QUALIFIED PERSON IN CHARGE OF AIR MONITORING,

LABORATORY WORK, AND RESPIRATORS: TODD NORDEEN / EDM / PAUL ZAMBRANO\*NAME OF CERTIFIED CONSULTANT: FORENSIC -02/28/97PROJECTED JOB STARTING DATE: 09/06/96 PROJECTED COMPLETION DATE: 03/14/97DESCRIBE TYPE, SCOPE AND WORK PRACTICES OF JOB: REMOVAL OF APPROX 487,300 SQ FTOF FRIABLE AND NON-FRIABLE THROUGHOUT. SEE ATTACHED FOR LISTED INFORMATION.FULL CONTAINMENT, WET REMOVAL METHOD, PROTECTIVE CLOTHING, RESPIRATORS, PRESSURE  
DIFFERENTIAL SYSTEMS USING HEPA FILTRATION SYSTEMS. DISPOSE INTO 6 MIL PLASTIC BAGS  
DOUBLED AND LABELED.EVALUATION OF POTENTIAL FOR EXPOSURE: NO POTENTIAL EXPOSURE EXPECTED. WORKERS WILLDON RESPIRATORY PROTECTION AND PROTECTIVE CLOTHING.ESTIMATED NUMBER OF EMPLOYEES ON THIS JOB: 10-12

ACCORDING TO TITLE 8 CCR SECTIONS 341.9 AND 1529(r) for ASBESTOS and 5200(p) for MDA, PLEASE  
SEND THIS COMPLETED NOTICE TO THE NEAREST DISTRICT COMPLIANCE OFFICE (SEE  
ATTACHED LISTING), NOT TO DOSH HEADQUARTERS OR TO DOSH CONSULTATION, PRIOR TO  
COMMENCEMENT OF ANY SUCH WORK ACTIVITY.

NOTE: ANY CHANGE IN THE INFORMATION PROVIDED TO THE DISTRICT OFFICE BY THE  
WRITTEN NOTICE SHALL BE REPORTED TO THE DISTRICT OFFICE WITHIN 24 HOURS OF  
SUCH CHANGE.

\* The star denotes asbestos inquiry only

CAL/OSHA 183B  
May, 1993

ORIG. 12/16/96

12/25/96  
01/16/97

B



# **SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT** **NOTIFICATION OF DEMOLITION OR ASBESTOS REMOVAL**

21865 E. Copley Drive, Diamond Bar, CA 91765-4182 (909) 396-2000

AQMD USE ONLY		SCREEN BY		RECEIVED		POSTMARK		ENTERED BY		NOTIFICATION #	
COMPLETED BY ROBERT/ALYRHEE COMPANY CST ENVIRONMENTAL, INC. PHONE (714) 991-8300											
DATE 01/16/97 CHECK #				FEE \$ 10.20				PROJECT # 97-109 A1 (5)			
NOTIFICATION TYPE		ORIGINAL		REVISION DATES X		REVISION OTHER (HIGHLIGHT)		CANCELLATION			
PROJECT TYPE		DEMOLITION		ORDERED DEMOLITION		RENOVATION (REMOVAL)		EMERGENCY RENO		PLANNED RENO (ANNUAL)	
SITE INFORMATION		SITE NAME MC DONNELL DOUGLAS - TORRANCE FACILITY									
SITE ADDRESS 1414 190TH STREET											
CITY TORRANCE		STATE CA		ZIP 90501		COUNTY		LOS ANGELES			
DESCRIBE WORK LOCATION BUILDING # 37 TOWER											
BUILDING SIZE (SQ FT) 54,000 SQ FT		NUMBER OF FLOORS 4		BUILDING AGE (YEARS) 45		NUMBER OF DWELLING UNITS					
PRESENT USE		COMMERCIAL		HOSPITAL		INDUSTRIAL		MISCELLANEOUS		OFFICE	
PRIOR USE		COMMERCIAL		HOSPITAL		INDUSTRIAL		MISCELLANEOUS		OFFICE	
OWNER MC DONNELL DOUGLAS REALITY ADDRESS 4060 LAKEWOOD BLVD											
CITY LONG BEACH		STATE CA		ZIP 90808		CONTACT MARIO STAVALE		PHONE 310-627-3014			
REQUIRED BUILDING INFORMATION		ASBESTOS PRESENT? YES NO		ASBESTOS SURVEY? YES NO		ASBESTOS REMOVED? YES NO		BUILDING TO BE DEMOLISHED? YES NO			
PROJECT DATES		START		END		WORK SHIFT (am/pm)					
REMOVAL DATES		START 12/17/96		END 01/17/97 02/28/97		WORK SHIFT (am/pm) AM					
ASBESTOS AMOUNT TO BE REMOVED (in square feet)		FRIABLE 1,500 SQ FT		CLASS I		CLASS II		TOTAL REMOVED (add row) 1,500 SQ FT			
ASBESTOS REMOVED FROM		SURFACES		PIPES		COMPONENTS					
DESCRIBE THE MATERIALS		ACOUSTIC CEILING		LINOLEUM		INSULATION		FIRE PROOFING		DUCTING	
FLOOR TILES (VAT)		DRY WALL		PLASTER		TRANSITE		OTHER (describe)			
CONTRACTOR INFORMATION		CSLB LICENSE # 549566		OSHA REG # 177		AQMD ID # 97739					
NAME CST ENVIRONMENTAL, INC.		ADDRESS 2100 E. VIA BURTON									
CITY ANAHEIM		STATE CA		ZIP 92806		SITE SUPERVISOR TODD NORDEEN		PHONE (714) 991-8300			
WASTE TRANSPORTER #1 SOUTHERN PACIFIC TRANS		LANDFILL ECDC ENVIRONMENTAL									
ADDRESS 1 MARKET PLAZA		ADDRESS 1111 WEST HWY 123									
CITY SAN FRANCISCO		STATE CA		ZIP 94104		CITY EAST CARBON		STATE UT		ZIP 94520	

WASTE TRANSPORTER #2

WASTE STORAGE SITE

ADDRESS

ADDRESS

CITY

STATE

ZIP

CITY

STATE

ZIP

CONTROLS: DESCRIBE WORK PRACTICES AND CONTROLS TO BE USED AT THE DEMOLITION AND RENOVATION SITE. FOR ASBESTOS REMOVAL WORK, INDICATE RULE 1403 PROCEDURE # 1, 2, 3, 4 OR 5 OR COMBINATIONS OF PROCEDURES USED. FOR PROCEDURES 4 AND 5, SUBMIT PLANS FOR AQMD PRIOR APPROVAL. PROCEDURE #:

FIVE

ASBESTOS DETECTION PROCEDURE: DESCRIBE THE METHODS AND PROCEDURES USED TO DETERMINE WHETHER ASBESTOS IS PRESENT AT THE SITE, INCLUDING THE ANALYTICAL METHODS:

PLM

FOR ORDERED DEMOLITION SEND A COPY OF THE ORDER AND GIVE THE AGENCY NAME:

AUTHORIZING PERSON:

TITLE

DATE OF ORDER:

DATE ORDERED TO BEGIN:

FOR EMERGENCY ASBESTOS REMOVAL GIVE THE NAME AND PHONE NUMBER OF THE PERSON DECLARING/AUTHORIZING THE EMERGENCY, DATE AND HOUR OF EMERGENCY AND DESCRIBE THE SUDDEN, UNEXPECTED EVENT:

EXPLAIN HOW THE EVENT WOULD CAUSE UNSAFE CONDITIONS, EQUIPMENT DAMAGE OR UNREASONABLE FINANCIAL BURDEN:

CONTINGENCY PLAN: DESCRIBE ACTIONS AND PROCEDURES TO BE FOLLOWED IF UNEXPECTED ASBESTOS IS FOUND DURING DEMOLITION OR NONFRIABLE ASBESTOS MATERIAL BECOME CRUMBLED, PULVERIZED, OR REDUCED TO POWDER. FULL CONTAINMENT, WET REMOVAL METHOD, PROTECTIVE CLOTHING, RESPIRATORS, PRESSURE DIFFERENTIAL SYSTEMS USING HEPA FILTRATION SYSTEMS DISPOSE INTO 6 MIL PLASTIC BAGS DOUBLED AND LABELED

TRAINING CERTIFICATION: I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF REGULATION AQMD RULE 1403 AND NESHAP WILL BE ON-SITE DURING THE REMOVAL AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.

ROBERT ESPINOSA  
PRINT NAME OF OWNER/OPERATOR

  
SIGNATURE OF OWNER/OPERATOR

DATE 01/16/97

INFORMATION CERTIFICATION: I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND I HAVE ENCLOSED ANY REQUIRED ATTACHMENTS.

ROBERT ESPINOSA  
PRINT NAME OF OWNER/OPERATOR

  
SIGNATURE OF OWNER/OPERATOR

DATE 01/16/97

NOTIFICATIONS ARE NOT ACCEPTED WITHOUT THE REQUIRED ASBESTOS FEE (AQMD Rule 301). REMOVAL LESS THAN 100 SQUARE FEET ARE EXEMPT FROM NOTIFICATION AND FEES. PLEASE MAKE CHECK PAYABLE TO "SCAQMD". FEES ARE PER NOTIFICATION, NOT REFUNDABLE, AND VARY ACCORDING TO THE ASBESTOS AMOUNT TO BE REMOVED. FEES ARE AS FOLLOWS:

FROM 100 TO 1,000 SQUARE FEET	\$ 10.24
FROM 1,001 TO 5,000 SQUARE FEET	\$ 76.81
FROM 5,001 TO 10,000 SQUARE FEET	\$179.20
MORE THAN 10,000 SQUARE FEET	\$281.64

DEMOLITIONS	\$ 25.60
REVISIONS	\$ 10.24
CANCELLATIONS	\$ 00.00
PROCEDURE 4 OR 5 PLANS	\$281.64

NOTE: STATE LAW REQUIRES THAT YOU GIVE A COPY OF DEMOLITION NOTIFICATIONS TO YOUR LOCAL BUILDING AND SAFETY DEPARTMENT. PLEASE KEEP A COPY.

MAIL ORIGINAL TO: SCAQMD, RULE 1403 ASBESTOS NOTIFICATIONS, P.O. BOX 4950, DIAMOND BAR, CA 91765-0950  
TELEPHONE : (909) 396-2336 FAX: (909) 396-3342



\* REVISION \*

**TEMPORARY WORKSITE NOTIFICATION FOR ASBESTOS  
and METHYLENEDIAMINE-RELATED WORK**

CAL/OSHA-

TORRANCE  
08/23/96  
12/02/96  
12/16/96  
01/16/97

\* REVISION \*

COMPANY/EMPLOYER NAME: CST ENVIRONMENTAL, INC. 97-109A

HEADQUARTERS ADDRESS: 2100 EAST VIA BURTON STREET, CA 92806

\*CONTRACTORS STATE LICENSE BOARD LICENSE NUMBER: 549566

DOSH-OCCU (CAL/OSHA) \*ASBESTOS REGISTRATION NUMBER: 177  
and/or \*REPORT OF USE\* REGISTRY NUMBER: \_\_\_\_\_

ADDRESS OF TEMPORARY WORKSITE and PRECISE LOCATION: MCDONNELL DOUGLAS - TORRAN  
1414 190TH STREET, TORRANCE, CA 90501

NEAREST INTERSECTION: 190TH AND WESTERN

TYPE OF BUSINESS: COMMERICAL

\*NAME OF CERTIFIED SUPERVISOR: TODD NORDEEN

\*NAME OF QUALIFIED PERSON IN CHARGE OF AIR MONITORING,  
LABORATORY WORK, AND RESPIRATORS: TODD NORDEEN / EDM / PAUL ZAMBRANO

\*NAME OF CERTIFIED CONSULTANT: FORENSIC -

PROJECTED JOB STARTING DATE: 09/06/96 PROJECTED COMPLETION DATE: 02/28/97  
~~01/31/97~~

DESCRIBE TYPE, SCOPE AND WORK PRACTICES OF JOB: REMOVAL OF APPROX 487,300 SQ FT  
OF FRIABLE AND NON-FRIABLE THROUGHOUT. SEE ATTACHED FOR LISTED INFORMATION.  
FULL CONTAINMENT, WET REMOVAL METHOD, PROTECTIVE CLOTHING, RESPIRATORS, PRESSURE  
DIFFERENTIAL SYSTEMS USING HEPA FILTRATION SYSTEMS, DISPOSE INTO 6 MIL PLASTIC BAGS  
DOUBLED AND LABELED.

EVALUATION OF POTENTIAL FOR EXPOSURE: NO POTENTIAL EXPOSURE EXPECTED. WORKERS WILL  
DON RESPIRATORY PROTECTION AND PROTECTIVE CLOTHING.

ESTIMATED NUMBER OF EMPLOYEES ON THIS JOB: 10-12

ACCORDING TO TITLE 8 CCR SECTIONS 341.9 AND 1529(r) for ASBESTOS and 5200(p) for MDA, PLEASE  
SEND THIS COMPLETED NOTICE TO THE NEAREST DISTRICT COMPLIANCE OFFICE (SEE  
ATTACHED LISTING), NOT TO DOSH HEADQUARTERS OR TO DOSH CONSULTATION, PRIOR TO  
COMMENCEMENT OF ANY SUCH WORK ACTIVITY.

NOTE: ANY CHANGE IN THE INFORMATION PROVIDED TO THE DISTRICT OFFICE BY THE  
WRITTEN NOTICE SHALL BE REPORTED TO THE DISTRICT OFFICE WITHIN 24 HOURS OF  
SUCH CHANGE.

\* The star denotes asbestos inquiry only

CAL/OSHA 183B  
May, 1993

ORIG. 12/16/96



**SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT  
NOTIFICATION OF DEMOLITION OR ASBESTOS REMOVAL**

21865 E. Copley Drive, Diamond Bar, CA 91765-4182 (909) 396-2000

AC/D USE ONLY	SCREEN BY	RECEIVED	POSTMARK	ENTERED BY	NOTIFICATION #
COMPLETED BY ROBERT/ALYRHEE COMPANY CST ENVIRONMENTAL, INC. PHONE (714) 991-8300					
DATE 12/16/96	CHECK #	FEE \$ 281.60	PROJECT #	97-109 A1	
NOTIFICATION TYPE	ORIGINAL <input checked="" type="checkbox"/>	REVISION DATES	REVISION OTHER (HIGHLIGHT)	CANCELLATION	
PROJECT TYPE	DEMOLITION	ORDERED DEMOLITION	RENOVATION (REMOVAL)	<input checked="" type="checkbox"/> EMERGENCY RENO	PLANNED RENO (ANNUAL)
SITE INFORMATION	SITE NAME MC DONNELL DOUGLAS - TORRANCE FACILITY				
SITE ADDRESS 1414 190TH STREET					
CITY TORRANCE	STATE CA	ZIP 90501	COUNTY	LOS ANGELES	
DESCRIBE WORK LOCATION BUILDING # 37 TOWER					
BUILDING SIZE (SQ FT)	54,000 SQ FT	SQ FT	NUMBER OF FLOORS	4	BUILDING AGE (YEARS) 45
NUMBER OF DWELLING UNITS					
PRIOR USE	COMMERCIAL	HOSPITAL	INDUSTRIAL	MISCELLANEOUS	OFFICE
PRIOR USE	<input checked="" type="checkbox"/> COMMERCIAL	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> MISCELLANEOUS	<input type="checkbox"/> OFFICE
PRIOR USE	<input type="checkbox"/> PUBLIC BLDG.	<input type="checkbox"/> RESIDENCE	<input type="checkbox"/> SCHOOL	<input type="checkbox"/> SHIP	<input type="checkbox"/> UNIV/COLLEGE
PRIOR USE	<input type="checkbox"/> VACANT				
OWNER MC DONNELL DOUGLAS REALITY	ADDRESS 4060 LAKEWOOD BLVD				
CITY LONG BEACH	STATE CA	ZIP 90808	CONTACT MARIO STAVALE	PHONE 310-627-3014	
REQUIRED BUILDING INFORMATION	ASBESTOS PRESENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	ASBESTOS SURVEY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	ASBESTOS REMOVED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	BUILDING TO BE DEMOLISHED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
PROJECT DATES	START	END	WORK SHIFT (am/pm)		
REMOVAL DATES	START 12/17/96	END 01/17/97	WORK SHIFT (am/pm) AM		
ASBESTOS AMOUNT TO BE REMOVED (in square feet)	FRIABLE 1,500 SQ FT	CLASS I	CLASS II	TOTAL REMOVED (add row) 1,500 SQ FT	
ASBESTOS REMOVED FROM	<input checked="" type="checkbox"/> SURFACES	<input type="checkbox"/> PIPES	<input type="checkbox"/> COMPONENTS		
DESCRIBE THE MATERIALS	ACOUSTIC CEILING LINOLEUM INSULATION <input checked="" type="checkbox"/> FIRE PROOFING DUCTING				
FLOOR TILES (VAT)	DRY WALL	PLASTER	TRANSITE	OTHER (describe)	
CONTRACTOR INFORMATION	CSLB LICENSE # 549566	OSHA REG # 177	AQMD ID # 97739		
NAME CST ENVIRONMENTAL, INC.	ADDRESS 2100 E. VIA BURTON				
CITY ANAHEIM	STATE CA	ZIP 92806	SITE SUPVR RICKY RICKARD	PHONE (714) 991-8300	
WASTE TRANSPORTER #1 SOUTHERN PACIFIC TRANS	LANDFILL ECDC ENVIRONMENTAL				
ADDRESS 1 MARKET PLAZA	ADDRESS 1111 WEST HWY 123				
CITY SAN FRANCISCO	STATE CA	ZIP 94104	CITY EAST CARBON	STATE UT	ZIP 84520

WASTE TRANSPORTER #2			WASTE STORAGE SITE		
ADDRESS			ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP

CONTROLS: DESCRIBE WORK PRACTICES AND CONTROLS TO BE USED AT THE DEMOLITION AND RENOVATION SITE. FOR ASBESTOS REMOVAL WORK, INDICATE RULE 1403 PROCEDURE # 1, 2, 3, 4 OR 5 OR COMBINATIONS OF PROCEDURES USED. FOR PROCEDURES 4 AND 5, SUBMIT PLANS FOR AQMD PRIOR APPROVAL. PROCEDURE #:

FIVE

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ASBESTOS DETECTION PROCEDURE: DESCRIBE THE METHODS AND PROCEDURES USED TO DETERMINE WHETHER ASBESTOS IS PRESENT AT THE SITE, INCLUDING THE ANALYTICAL METHODS:

PLM

---

FOR ORDERED DEMOLITION SEND A COPY OF THE ORDER AND GIVE THE AGENCY NAME:

AUTHORIZING PERSON:	TITLE
DATE OF ORDER:	DATE ORDERED TO BEGIN:

---

FOR EMERGENCY ASBESTOS REMOVAL GIVE THE NAME AND PHONE NUMBER OF THE PERSON DECLARING/AUTHORIZING THE EMERGENCY, DATE AND HOUR OF EMERGENCY AND DESCRIBE THE SUDDEN, UNEXPECTED EVENT:

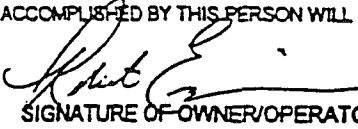
PLAIN HOW THE EVENT WOULD CAUSE UNSAFE CONDITIONS, EQUIPMENT DAMAGE OR UNREASONABLE FINANCIAL BURDEN:

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CONTINGENCY PLAN: DESCRIBE ACTIONS AND PROCEDURES TO BE FOLLOWED IF UNEXPECTED ASBESTOS IS FOUND DURING DEMOLITION OR NONFRIABLE ASBESTOS MATERIAL BECOME CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER. FULL CONTAINMENT, WET REMOVAL METHOD, PROTECTIVE CLOTHING, RESPIRATORS, PRESSURE DIFFERENTIAL SYSTEMS USING HEPA FILTRATION SYSTEMS. DISPOSE INTO 6 MIL PLASTIC BAGS DOUBLED AND LABELED

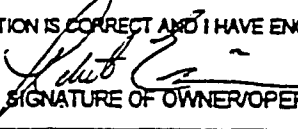
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TRAINING CERTIFICATION: I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF REGULATION AQMD RULE 1403 AND NESHAP WILL BE ON-SITE DURING THE REMOVAL AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.

ROBERT ESPINOSA		
PRINT NAME OF OWNER/OPERATOR	SIGNATURE OF OWNER/OPERATOR	DATE 12/16/96

---

II INFORMATION CERTIFICATION: I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND I HAVE ENCLOSED ANY REQUIRED ATTACHMENTS.

ROBERT ESPINOSA		
PRINT NAME OF OWNER/OPERATOR	SIGNATURE OF OWNER/OPERATOR	DATE 12/16/96

---

NOTIFICATIONS ARE NOT ACCEPTED WITHOUT THE REQUIRED ASBESTOS FEE (AQMD Rule 301). REMOVAL LESS THAN 100 SQUARE FEET ARE EXEMPT FROM NOTIFICATION AND FEES. PLEASE MAKE CHECK PAYABLE TO "SCAQMD". FEES ARE PER NOTIFICATION, NOT REFUNDABLE, AND VARY ACCORDING TO THE ASBESTOS AMOUNT TO BE REMOVED. FEES ARE AS FOLLOWS:

FROM 100 TO 1,000 SQUARE FEET	\$ 10.24	DEMOLITIONS	\$ 25.60
FROM 1,001 TO 5,000 SQUARE FEET	\$ 76.81	REVISIONS	\$ 10.24
FROM 5,001 TO 10,000 SQUARE FEET	\$179.20	CANCELLATIONS	\$ 00.00
MORE THAN 10,000 SQUARE FEET	\$281.64	PROCEDURE 4 OR 5 PLANS	\$281.64

---

NOTE: STATE LAW REQUIRES THAT YOU GIVE A COPY OF DEMOLITION NOTIFICATIONS TO YOUR LOCAL BUILDING AND SAFETY DEPARTMENT. PLEASE KEEP A COPY.

MAIL ORIGINAL TO: SCAQMD, RULE 1403 ASBESTOS NOTIFICATIONS, P.O. BOX 4950, DIAMOND BAR, CA 91765-0950  
 TELEPHONE : (909) 396-2336 FAX: (909) 396-3342

\* REVISION \*

CAL/OSHA-

TORRANCE

08/23/96

12/02/96

12/16/96

**TEMPORARY WORKSITE NOTIFICATION FOR ASBESTOS  
and METHYLENEDIANILINE-RELATED WORK**

97-109A

COMPANY/EMPLOYER NAME: CST ENVIRONMENTAL, INC.

HEADQUARTERS ADDRESS: 2100 EAST VIA BURTON STREET, CA 92806

\*CONTRACTORS STATE LICENSE BOARD LICENSE NUMBER: 549566

DOSH-OCCU (CAL/OSHA) \*ASBESTOS REGISTRATION NUMBER: 177  
and/or "REPORT OF USE" REGISTRY NUMBER:

ADDRESS OF TEMPORARY WORKSITE and PRECISE LOCATION: MCDONNELL DOUGLAS - TORRANCE  
1414 190TH STREET, TORRANCE, CA 90501

NEAREST INTERSECTION: 190TH AND WESTERN

TYPE OF BUSINESS: COMMERICAL

\*NAME OF CERTIFIED SUPERVISOR: TODD NORDEEN

\*NAME OF QUALIFIED PERSON IN CHARGE OF AIR MONITORING,  
LABORATORY WORK, AND RESPIRATORS: TODD NORDEEN / EDM / PAUL ZAMBRANO

\*NAME OF CERTIFIED CONSULTANT: FORENSIC -

PROJECTED JOB STARTING DATE: 09/06/96 PROJECTED COMPLETION DATE: 01/31/97

DESCRIBE TYPE, SCOPE AND WORK PRACTICES OF JOB: REMOVAL OF APPROX 487,300 SQ FT

OF FRIABLE AND NON-FRIABLE THROUGHOUT. SEE ATTACHED FOR LISTED INFORMATION.

FULL CONTAINMENT, WET REMOVAL METHOD, PROTECTIVE CLOTHING, RESPIRATORS, PRESSURE  
DIFFERENTIAL SYSTEMS USING HEPA FILTRATION SYSTEMS, DISPOSE INTO 6 MIL PLASTIC BAGS  
DOUBLED AND LABELED.

EVALUATION OF POTENTIAL FOR EXPOSURE: NO POTENTIAL EXPOSURE EXPECTED. WORKERS WILL  
DON RESPIRATORY PROTECTION AND PROTECTIVE CLOTHING.

ESTIMATED NUMBER OF EMPLOYEES ON THIS JOB: 10-12

ACCORDING TO TITLE 8 CCR SECTIONS 341.9 AND 1529(r) for ASBESTOS and 5200(p) for MDA, PLEASE  
SEND THIS COMPLETED NOTICE TO THE NEAREST DISTRICT COMPLIANCE OFFICE (SEE  
ATTACHED LISTING), NOT TO DOSH HEADQUARTERS OR TO DOSH CONSULTATION, PRIOR TO  
COMMENCEMENT OF ANY SUCH WORK ACTIVITY.

NOTE: ANY CHANGE IN THE INFORMATION PROVIDED TO THE DISTRICT OFFICE BY THE  
WRITTEN NOTICE SHALL BE REPORTED TO THE DISTRICT OFFICE WITHIN 24 HOURS OF  
SUCH CHANGE.

\* The star denotes asbestos inquiry only

CAL/OSHA 183B  
May, 1993

ORIG.

10/16/96

12/02/96



**SOUTHERN CALIFORNIA COAST AIR QUALITY MANAGEMENT DISTRICT**  
**NOTIFICATION OF DEMOLITION OR ASBESTOS REMOVAL**

21865 E. Copley Drive, Diamond Bar, CA 91765-4182 (909) 396-2000

LAND USE ONLY	SCREEN BY	RECEIVED	POSTMARK	ENTERED BY	NOTIFICATION #
COMPLETED BY ROBERT/ALYRHEE COMPANY CST ENVIRONMENTAL, INC. PHONE (714) 991-8300					
DATE 12/02/96 CHECK #		FEE \$ 10.20		PROJECT # 97-109 A1	
NOTIFICATION TYPE	ORIGINAL	REVISION DATES	REVISION OTHER (HIGHLIGHT)	X CANCELLATION	
PROJECT TYPE	DEMOLITION	ORDERED DEMOLITION	RENOVATION (REMOVAL)	EMERGENCY RENO PLANNED RENO (ANNUAL)	
SITE INFORMATION	SITE NAME MC DONNELL DOUGLAS - TORRANCE FACILITY				
SITE ADDRESS 1414 190TH STREET					
CITY	TORRANCE	STATE	CA	ZIP	90501 COUNTY LOS ANGELES
DESCRIBE WORK LOCATION THROUGHOUT PROPERTY					
BUILDING SIZE (SQ FT) 509,050 SQ FT		NUMBER OF FLOORS 4		BUILDING AGE (YEARS) 45 NUMBER OF DWELLING UNITS	
PRESENT USE	COMMERCIAL	HOSPITAL	INDUSTRIAL	MISCELLANEOUS	OFFICE PUBLIC BLDG. RESIDENCE SCHOOL SHIP UNIV/COLLEGE VACANT
PRIOR USE	COMMERCIAL	HOSPITAL	INDUSTRIAL	MISCELLANEOUS	OFFICE PUBLIC BLDG. RESIDENCE SCHOOL SHIP UNIV/COLLEGE VACANT
SITE OWNER MC DONNELL DOUGLAS REALITY		ADDRESS 4060 LAKEWOOD BLVD			
CITY	LONG BEACH	STATE	CA	ZIP	90808 CONTACT MARIO STAVALE PHONE 310-627-3014
REQUIRED BUILDING INFORMATION	ASBESTOS PRESENT? YES NO	ASBESTOS SURVEY? YES NO	ASBESTOS REMOVED? YES NO	BUILDING TO BE DEMOLISHED? YES NO	
PROJECT DATES	START 09/06/96		END 12/31/96		WORK SHIFT (am/pm)
REMOVAL DATES	START 10/17/96		END 12/31/96		WORK SHIFT (am/pm)
ASBESTOS AMOUNT TO BE REMOVED (in square feet)	FRIABLE	CLASS I	CLASS II	TOTAL REMOVED (add row)	
		148,000 SQ FT		148,000 SQ FT	
ASBESTOS REMOVED FROM	SURFACES		PIPES	COMPONENTS	
DESCRIBE THE MATERIALS	ACOUSTIC CEILING LINOLEUM INSULATION FIRE PROOFING DUCTING ROOFING MASTIC				
FLOOR TILES (VAT)	DRY WALL PLASTER TRANSITE OTHER (describe) METAL SIDING, WINDOW FRAMES				
CONTRACTOR INFORMATION	CSLB LICENSE # 549566		OSHA REG # 177	AQMD ID # 97739	
NAME CST ENVIRONMENTAL, INC.	ADDRESS 2100 E. VIA BURTON				
CITY ANAHEIM	STATE CA	ZIP 92806	SITE SUPVR TODD NORDEEN	PHONE (714) 991-8300	
WASTE TRANSPORTER #1 SOUTHERN PACIFIC TRANS	LANDFILL ECDC ENVIRONMENTAL				
ADDRESS 1 MARKET PLAZA	ADDRESS 1111 WEST HWY 123				
CITY SAN FRANCISCO	STATE CA	ZIP 94104	CITY EAST CARBON	STATE UT	ZIP 84520

WASTE TRANSPORTER #2			WASTE STORAGE		
ADDRESS			ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP

CONTROLS: DESCRIBE WORK PRACTICES AND CONTROLS TO BE USED AT THE DEMOLITION AND RENOVATION SITE. FOR ASBESTOS REMOVAL WORK, INDICATE RULE 1403 PROCEDURE # 1, 2, 3, 4 OR 5 OR COMBINATIONS OF PROCEDURES USED. FOR PROCEDURES 4 AND 5, SUBMIT PLANS FOR AQMD PRIOR APPROVAL. PROCEDURE #:

FIVE

---

ASBESTOS DETECTION PROCEDURE: DESCRIBE THE METHODS AND PROCEDURES USED TO DETERMINE WHETHER ASBESTOS IS PRESENT AT THE SITE, INCLUDING THE ANALYTICAL METHODS:

PLM

---

FOR ORDERED DEMOLITION SEND A COPY OF THE ORDER AND GIVE THE AGENCY NAME:  
 AUTHORIZING PERSON: \_\_\_\_\_ TITLE \_\_\_\_\_  
 DATE OF ORDER: \_\_\_\_\_ DATE ORDERED TO BEGIN: \_\_\_\_\_

---

FOR EMERGENCY ASBESTOS REMOVAL GIVE THE NAME AND PHONE NUMBER OF THE PERSON DECLARING/AUTHORIZING THE EMERGENCY, DATE AND HOUR OF EMERGENCY AND DESCRIBE THE SUDDEN, UNEXPECTED EVENT:

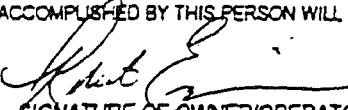
EXPLAIN HOW THE EVENT WOULD CAUSE UNSAFE CONDITIONS, EQUIPMENT DAMAGE OR UNREASONABLE FINANCIAL BURDEN:

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CONTINGENCY PLAN: DESCRIBE ACTIONS AND PROCEDURES TO BE FOLLOWED IF UNEXPECTED ASBESTOS IS FOUND DURING DEMOLITION OR NONFRIABLE ASBESTOS MATERIAL BECOME CRUMBED, PULVERIZED, OR REDUCED TO POWDER. FULL CONTAINMENT, WET REMOVAL METHOD, PROTECTIVE CLOTHING, RESPIRATORS, PRESSURE DIFFERENTIAL SYSTEMS USING HEPA FILTRATION SYSTEM. DISPOSE INTO 6 MIL PLASTIC BAGS DOUBLED AND LABELED

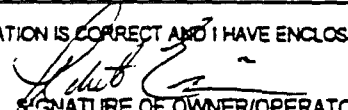
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ROBERT ESPINOSA		
PRINT NAME OF OWNER/OPERATOR	SIGNATURE OF OWNER/OPERATOR	DATE 12/02/96

---

INFORMATION CERTIFICATION: I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND I HAVE ENCLOSED ANY REQUIRED ATTACHMENTS.

ROBERT ESPINOSA		
PRINT NAME OF OWNER/OPERATOR	SIGNATURE OF OWNER/OPERATOR	DATE 12/02/96

---

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FROM 100 TO 1,000 SQUARE FEET	\$ 10.24		
FROM 1,001 TO 5,000 SQUARE FEET	\$ 76.81	DEMOLITIONS	\$ 25.60
FROM 5,001 TO 10,000 SQUARE FEET	\$179.20	REVISIONS	\$ 10.24
MORE THAN 10,000 SQUARE FEET	\$281.64	CANCELLATIONS	\$ 00.00
		PROCEDURE 4 OR 5 PLANS	\$281.64

---

NOTE: STATE LAW REQUIRES THAT YOU GIVE A COPY OF DEMOLITION NOTIFICATIONS TO YOUR LOCAL BUILDING AND SAFETY DEPARTMENT. PLEASE KEEP A COPY.

MAIL ORIGINAL TO: SCAQMD, RULE 1403 ASBESTOS NOTIFICATIONS, P.O. BOX 4950, DIAMOND BAR, CA 91765-0950  
 TELEPHONE : (909) 396-2336 FAX: (909) 396-3342



**CST ENVIRONMENTAL, INC**

**MC DONNELL DOUGLAS - TORRANCE FACILITY**

**FRIABLE :**

FIRE PROOFING	47,000
PIPE INSULATION	10,000
FIRE DOORS	800
VIB JOINT CLOTH	500
	<hr/>
SUB - TOTAL	60,000 sq ft

**NON - FRIABLE :**

ROOFING	191,000
VAT & MASTIC	94,000
WINDOW PUTTY	20,000
PENETRATION MASTIC	6,000
ASBESTOS WEATHERPROOFING	118,000
ON CORRUGATED METAL SIDING	<hr/>
SUB - TOTAL	429,000 sq ft

**REMOVAL OF APPROX. 487,300 SQ FT TOTAL**

\* REVISION \*

**TEMPORARY WORKSITE NOTIFICATION FOR ASBESTOS  
and METHYLENEDIANILINE-RELATED WORK**

97-109A

COMPANY/EMPLOYER NAME: CST ENVIRONMENTAL, INC.HEADQUARTERS ADDRESS: 2100 EAST VIA BURTON STREET, CA 92806\*CONTRACTORS STATE LICENSE BOARD LICENSE NUMBER: 549566DOSH-OCCU (CAL/OSHA) \*ASBESTOS REGISTRATION NUMBER: 177

and/or "REPORT OF USE" REGISTRY NUMBER: \_\_\_\_\_

ADDRESS OF TEMPORARY WORKSITE and PRECISE LOCATION: MCDONNELL DOUGLAS - TORRANCE1414 190TH STREET, TORRANCE, CA 90501NEAREST INTERSECTION: 190TH AND WESTERNTYPE OF BUSINESS: COMMERICAL\*NAME OF CERTIFIED SUPERVISOR: TODD NORDEEN\*NAME OF QUALIFIED PERSON IN CHARGE OF AIR MONITORING,  
LABORATORY WORK, AND RESPIRATORS: TODD NORDEEN / EDM / PAUL ZAMBRANO\*NAME OF CERTIFIED CONSULTANT: FORENSIC -PROJECTED JOB STARTING DATE: 09/06/96 PROJECTED COMPLETION DATE: 12/31/96DESCRIBE TYPE, SCOPE AND WORK PRACTICES OF JOB: REMOVAL OF APPROX 487,300 SQ FTOF FRIABLE AND NON-FRIABLE THROUGHOUT. SEE ATTACHED FOR LISTED INFORMATION.FULL CONTAINMENT, WET REMOVAL METHOD, PROTECTIVE CLOTHING, RESPIRATORS, PRESSURE  
DIFFERENTIAL SYSTEMS USING HEPA FILTRATION SYSTEMS, DISPOSE INTO 6 MIL PLASTIC BAGS  
DOUBLED AND LABELED.EVALUATION OF POTENTIAL FOR EXPOSURE: NO POTENTIAL EXPOSURE EXPECTED. WORKERS WILLDON RESPIRATORY PROTECTION AND PROTECTIVE CLOTHING.ESTIMATED NUMBER OF EMPLOYEES ON THIS JOB: 10-12

ACCORDING TO TITLE 8 CCR SECTIONS 341.9 AND 1529(r) for ASBESTOS and 5200(p) for MDA, PLEASE  
SEND THIS COMPLETED NOTICE TO THE NEAREST DISTRICT COMPLIANCE OFFICE (SEE  
ATTACHED LISTING), NOT TO DOSH HEADQUARTERS OR TO DOSH CONSULTATION, PRIOR TO  
COMMENCEMENT OF ANY SUCH WORK ACTIVITY.

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WRITTEN NOTICE SHALL BE REPORTED TO THE DISTRICT OFFICE WITHIN 24 HOURS OF  
SUCH CHANGE.

\* The star denotes asbestos inquiry only

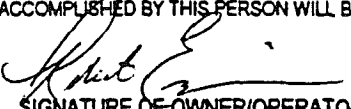
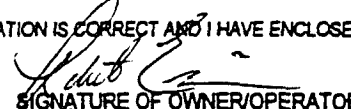
CAL/OSHA 183B  
May, 1993



**SOUT. COAST AIR QUALITY MANAGEMENT DISTRICT  
NOTIFICATION OF DEMOLITION OR ASBESTOS REMOVAL**

21865 E. Copley Drive, Diamond Bar, CA 91765-4182 (909) 396-2000

<b>QMD USE ONLY</b>		<b>SCREEN BY</b>	<b>RECEIVED</b>	<b>POSTMARK</b>	<b>ENTERED BY</b>	<b>NOTIFICATION #</b>
<b>COMPLETED BY</b> ROBERT/ALYRHEE		<b>COMPANY</b> CST ENVIRONMENTAL, INC.		<b>PHONE</b> (714) 991-8300		
<b>DATE</b>	<b>CHECK #</b>	<b>FEE \$</b> 281.60		<b>PROJECT #</b> 97-109 A1		
<b>NOTIFICATION TYPE</b>	<b>ORIGINAL</b> <input checked="" type="checkbox"/> <b>REVISION DATES</b>	<b>REVISION OTHER (HIGHLIGHT)</b>		<b>CANCELLATION</b>		
<b>PROJECT TYPE</b>	<b>DEMOLITION</b>	<b>ORDERED DEMOLITION</b>	<b>RENOVATION (REMOVAL)</b>	<b>EMERGENCY RENO</b>	<b>PLANNED RENO (ANNUAL)</b>	
<b>SITE INFORMATION</b>	<b>SITE NAME</b> MC DONNELL DOUGLAS - TORRANCE FACILITY					
<b>SITE ADDRESS</b> 1414 190TH STREET						
<b>CITY</b> TORRANCE	<b>STATE</b> CA	<b>ZIP</b> 90501	<b>COUNTY</b> LOS ANGELES			
<b>DESCRIBE WORK LOCATION</b> THROUGHOUT PROPERTY						
<b>BUILDING SIZE (SQ FT)</b> 509,350 SQ FT		<b>NUMBER OF FLOORS</b> 4	<b>BUILDING AGE (YEARS)</b> 45		<b>NUMBER OF DWELLING UNITS</b>	
<b>PRESENT USE</b>	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> MISCELLANEOUS	<input type="checkbox"/> OFFICE	<input type="checkbox"/> PUBLIC BLDG.
	<input type="checkbox"/> RESIDENCE	<input type="checkbox"/> SCHOOL	<input type="checkbox"/> SHIP	<input type="checkbox"/> UNIV/COLLEGE	<input checked="" type="checkbox"/> VACANT	
<b>PRIOR USE</b>	<input checked="" type="checkbox"/> COMMERCIAL	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> MISCELLANEOUS	<input type="checkbox"/> OFFICE	<input type="checkbox"/> PUBLIC BLDG.
	<input type="checkbox"/> RESIDENCE	<input type="checkbox"/> SCHOOL	<input type="checkbox"/> SHIP	<input type="checkbox"/> UNIV/COLLEGE	<input type="checkbox"/> VACANT	
<b>SITE OWNER</b> MC DONNELL DOUGLAS REALITY			<b>ADDRESS</b> 4060 LAKEWOOD BLVD			
<b>CITY</b> LONG BEACH	<b>STATE</b> CA	<b>ZIP</b> 90808	<b>CONTACT</b> MARIO STAVALE		<b>PHONE</b> 310-627-3014	
<b>REQUIRED BUILDING INFORMATION</b>	<b>ASBESTOS PRESENT?</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>ASBESTOS SURVEY?</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>ASBESTOS REMOVED?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<b>BUILDING TO BE DEMOLISHED?</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
<b>PROJECT DATES</b>	<b>START</b> 09/06/96	<b>END</b> 12/31/96	<b>WORK SHIFT (am/pm)</b>			
<b>REMOVAL DATES</b>	<b>START</b> 10/17/96	<b>END</b> 12/31/96	<b>WORK SHIFT (am/pm)</b>			
<b>ASBESTOS AMOUNT TO BE REMOVED (in square feet)</b>	<b>FRIABLE</b>	<b>CLASS I</b>	<b>CLASS II</b>	<b>TOTAL REMOVED (add row)</b>		
		148,000 SQ FT		148,000 SQ FT		
<b>ASBESTOS REMOVED FROM</b>	<input checked="" type="checkbox"/> SURFACES		<input type="checkbox"/> PIPES		<input checked="" type="checkbox"/> COMPONENTS	
<b>DESCRIBE THE MATERIALS</b>	ACOUSTIC CEILING LINOLEUM INSULATION FIRE PROOFING DUCTING <input checked="" type="checkbox"/> ROOFING <input checked="" type="checkbox"/> MASTIC					
<b>FLOOR TILES (VAT)</b>	<b>DRY WALL</b>	<b>PLASTER</b>	<b>TRANSITE</b>	<b>OTHER (describe)</b> METAL SIDING, WINDOW FRAMES		
<b>CONTRACTOR INFORMATION</b>		<b>CSLB LICENSE #</b> 549566	<b>OSHA REG #</b> 177	<b>AQMD ID #</b> 97739		
<b>NAME</b> CST ENVIRONMENTAL, INC.		<b>ADDRESS</b> 2100 E. VIA BURTON				
<b>CITY</b> ANAHEIM	<b>STATE</b> CA	<b>ZIP</b> 92806	<b>SITE SUPVR</b> RICKY RICKARD		<b>PHONE</b> (714) 991-8300	
<b>WASTE TRANSPORTER #1</b> SOUTHERN PACIFIC TRANS			<b>LANDFILL</b> ECDC ENVIRONMENTAL			
<b>ADDRESS</b> 1 MARKET PLAZA			<b>ADDRESS</b> 1111 WEST HWY 123			
<b>CITY</b> SAN FRANCISCO	<b>STATE</b> CA	<b>ZIP</b> 94104	<b>CITY</b> EAST CARBON	<b>STATE</b> UT	<b>ZIP</b> 84520	

<b>WASTE TRANSPORTER #2</b>			<b>WASTE STORAGE SITE</b>		
ADDRESS			ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
<b>CONTROLS:</b> DESCRIBE WORK PRACTICES AND CONTROLS TO BE USED AT THE DEMOLITION AND RENOVATION SITE. FOR ASBESTOS REMOVAL WORK, INDICATE RULE 1403 PROCEDURE # 1, 2, 3, 4 OR 5 OR COMBINATIONS OF PROCEDURES USED. FOR PROCEDURES 4 AND 5, SUBMIT PLANS OR AQMD PRIOR APPROVAL. PROCEDURE #:					
FIVE					
<b>ASBESTOS DETECTION PROCEDURE:</b> DESCRIBE THE METHODS AND PROCEDURES USED TO DETERMINE WHETHER ASBESTOS IS PRESENT AT THE SITE, INCLUDING THE ANALYTICAL METHODS:					
PLM					
<b>FOR ORDERED DEMOLITION SEND A COPY OF THE ORDER AND GIVE THE AGENCY NAME:</b> AUTHORIZING PERSON: _____ TITLE _____ DATE OF ORDER: _____ DATE ORDERED TO BEGIN: _____					
<b>FOR EMERGENCY ASBESTOS REMOVAL GIVE THE NAME AND PHONE NUMBER OF THE PERSON DECLARING/AUTHORIZING THE EMERGENCY, DATE AND HOUR OF EMERGENCY AND DESCRIBE THE SUDDEN, UNEXPECTED EVENT:</b>					
<b>EXPLAIN HOW THE EVENT WOULD CAUSE UNSAFE CONDITIONS, EQUIPMENT DAMAGE OR UNREASONABLE FINANCIAL BURDEN:</b>					
<b>CONTINGENCY PLAN:</b> DESCRIBE ACTIONS AND PROCEDURES TO BE FOLLOWED IF UNEXPECTED ASBESTOS IS FOUND DURING DEMOLITION OR NONFRIABLE ASBESTOS MATERIAL BECOME CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER. FULL CONTAINMENT, WET REMOVAL METHOD, PROTECTIVE CLOTHING, RESPIRATORS, PRESSURE DIFFERENTIAL SYSTEMS USING HEPA FILTRATION SYSTEMS, DISPOSE INTO 6 MIL PLASTIC BAGS DOUBLED AND LABELED					
<b>TRAINING CERTIFICATION:</b> I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF REGULATION AQMD RULE 1403 AND NESHAP WILL BE ON-SITE DURING THE REMOVAL AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.					
ROBERT ESPINOSA PRINT NAME OF OWNER/OPERATOR		 SIGNATURE OF OWNER/OPERATOR		DATE 10/15/96	
<b>INFORMATION CERTIFICATION:</b> I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND I HAVE ENCLOSED ANY REQUIRED ATTACHMENTS.					
ROBERT ESPINOSA PRINT NAME OF OWNER/OPERATOR		 SIGNATURE OF OWNER/OPERATOR		DATE 10/16/96	
NOTIFICATIONS ARE NOT ACCEPTED WITHOUT THE REQUIRED ASBESTOS FEE (AQMD Rule 301). REMOVAL LESS THAN 100 SQUARE FEET ARE EXEMPT FROM NOTIFICATION AND FEES. PLEASE MAKE CHECK PAYABLE TO "SCAQMD". FEES ARE PER NOTIFICATION, NOT REFUNDABLE, AND VARY ACCORDING TO THE ASBESTOS AMOUNT TO BE REMOVED. FEES ARE AS FOLLOWS:					
FROM 100 TO 1,000 SQUARE FEET		\$ 10.24		DEMOLITIONS	
FROM 1,001 TO 5,000 SQUARE FEET		\$ 76.81		\$ 25.60	
FROM 5,001 TO 10,000 SQUARE FEET		\$179.20		REVISIONS	
MORE THAN 10,000 SQUARE FEET		\$281.64		\$ 10.24	
				CANCELLATIONS	
				\$ 00.00	
				PROCEDURE 4 OR 5 PLANS	
				\$281.64	
<b>NOTE:</b> STATE LAW REQUIRES THAT YOU GIVE A COPY OF DEMOLITION NOTIFICATIONS TO YOUR LOCAL BUILDING AND SAFETY DEPARTMENT. PLEASE KEEP A COPY.					

MAIL ORIGINAL TO: SCAQMD, RULE 1403 ASBESTOS NOTIFICATIONS, P.O. BOX 4950, DIAMOND BAR, CA 91765-0950  
 TELEPHONE : (909) 396-2336 FAX: (909) 396-3342

# CST ENVIRONMENTAL, INC

## MC DONNELL DOUGLAS - TORRANCE FACILITY

### FRIABLE :

FIRE PROOFING	47,000
PIPE INSULATION	10,000
FIRE DOORS	800
VIB JOINT CLOTH	500
	<u>=====</u>
SUB - TOTAL	60,000 sq ft

### NON - FRIABLE :

ROOFING	191,000
VAT & MASTIC	94,000
WINDOW PUTTY	20,000
PENETRATION MASTIC	6,000
ASBESTOS WEATHERPROOFING	118,000
ON CORRUGATED METAL SIDING	<u>=====</u>
SUB - TOTAL	429,000 sq ft

REMOVAL OF APPROX. 487,300 SQ FT TOTAL

ORIG. 08/23/96 9/19/96 10/07/96



# **SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT** **NOTIFICATION OF DEMOLITION OR ASBESTOS REMOVAL**

21865 E. Copley Drive, Diamond Bar, CA 91765-4182 (909) 396-2000

NO. ONLY	SCREEN BY	RECEIVED	POSTMARK	ENTERED BY	NOTIFICATION #
APPROVED BY ROBERT/ALYRHEE COMPANY CST ENVIRONMENTAL, INC. PHONE (714) 991-8300					
DATE 10/07/96	CHECK #	FEE \$ 10.20	PROJECT # 97-109A		
NOTIFICATION TYPE	ORIGINAL	REVISION DATES	REVISION OTHER (HIGHLIGHT) X	CANCELLATION	
PROJECT TYPE	DEMOLITION	ORDERED DEMOLITION	RENOVATION (REMOVAL)	EMERGENCY RENO	PLANNED RENO (ANNUAL)
FORMATION	SITE NAME MC DONNELL DOUGLAS - TORRANCE FACILITY				
SITE ADDRESS 1414 190TH STREET					
CITY TORRANCE	STATE CA	ZIP 90501	COUNTY LOS ANGELES		
DEScribe WORK LOCATION THROUGHOUT BUILDING					
BUILDING SIZE (SQ FT) 509,050	NUMBER OF FLOORS 4	BUILDING AGE (YEARS) 45	NUMBER OF DWELLING UNITS		
PRIOR USE	COMMERCIAL	HOSPITAL	INDUSTRIAL	MISCELLANEOUS	OFFICE
PRIOR USE	COMMERCIAL	HOSPITAL	INDUSTRIAL	MISCELLANEOUS	OFFICE
OWNER MC DONNELL DOUGLAS REALTY	ADDRESS 4060 LAKEWOOD BOULEVARD STE# 600				
CITY LONG BEACH	STATE CA	ZIP 90808	CONTACT MARIO STAVALE	PHONE 310/ 6273014	
REQUIRED BUILDING INFORMATION	ASBESTOS PRESENT? YES NO	ASBESTOS SURVEY? YES NO	ASBESTOS REMOVED? YES NO	BUILDING TO BE DEMOLISHED? YES NO	
PROJECT DATES	START	END	WORK SHIFT (am/pm)		
REMOVAL DATES	START 09/06/96	END 12/31/96	WORK SHIFT (am/pm)		
ASBESTOS AMOUNT TO BE REMOVED (in square feet)	FRIABLE 58,300 SQ FT	CLASS I 429,000 SQ FT	CLASS II	TOTAL REMOVED (add row) 487,300 SQ FT	
ASBESTOS REMOVED FROM	SURFACES		PIPES	COMPONENTS	
DESCRIBE THE MATERIALS	ACOUSTIC CEILING LINOLEUM		INSULATION	FIRE PROOFING	DUCTING
FLOOR TILES (VAT)	DRY WALL	PLASTER	TRANSITE	OTHER (describe) PLEASE SEE ATTACHED LISTING.	
CONTRACTOR INFORMATION	CSLB LICENSE # 549566	OSHA REG # 177	AQMD ID # 97739		
NAME CST ENVIRONMENTAL, INC.	ADDRESS 2100 E. VIA BURTON				
CITY ANAHEIM	STATE CA	ZIP 92806	SITE SUPERVISOR RICKY RICKARD	PHONE (714) 991-8300	
WASTE TRANSPORTER #1 SOUTHERN PACIFIC TRANS	LANDFILL ECDC ENVIRONMENTAL				
ADDRESS 1 MARKET PLAZA	ADDRESS 1111 WEST HWY 123				
CITY SAN FRANCISCO	STATE CA	ZIP 94104	CITY EAST CARBON	STATE UT	ZIP 84520

STE TRANSPORTER #2		WASTE STORAGE SITE	
DR# S		ADDRESS	
STATE	ZIP	CITY	STATE ZIP

CONTROLS: DESCRIBE WORK PRACTICES AND CONTROLS TO BE USED AT THE DEMOLITION AND RENOVATION SITE. FOR ASBESTOS REMOVAL WORK, INDICATE RULE 1403 PROCEDURE # 1, 2, 3, 4 OR 5 OR COMBINATIONS OF PROCEDURES USED. FOR PROCEDURES 4 AND 5, SUBMIT PLANS AND PRIOR APPROVAL PROCEDURE #:

ONE, TWO AND THREE

ASBESTOS DETECTION PROCEDURE: DESCRIBE THE METHODS AND PROCEDURES USED TO DETERMINE WHETHER ASBESTOS IS PRESENT AT THE SITE, INCLUDING THE ANALYTICAL METHODS:

PLM

IF ORDERED DEMOLITION SEND A COPY OF THE ORDER AND GIVE THE AGENCY NAME:

AUTHORIZING PERSON:

TITLE

DATE OF ORDER:

DATE ORDERED TO BEGIN:

FOR EMERGENCY ASBESTOS REMOVAL GIVE THE NAME AND PHONE NUMBER OF THE PERSON DECLARING/AUTHORIZING THE EMERGENCY, DATE AND HOUR OF EMERGENCY AND DESCRIBE THE SUDDEN, UNEXPECTED EVENT:

EXPLAIN HOW THE EVENT WOULD CAUSE UNSAFE CONDITIONS, EQUIPMENT DAMAGE OR UNREASONABLE FINANCIAL BURDEN:

CONTINGENCY PLAN: DESCRIBE ACTIONS AND PROCEDURES TO BE FOLLOWED IF UNEXPECTED ASBESTOS IS FOUND DURING DEMOLITION OR NONFRIABLE ASBESTOS MATERIAL BECOME CRUMBLED, PULVERIZED, OR REDUCED TO POWDER. FULL CONTAINMENT, WET REMOVAL METHOD, PROTECTIVE CLOTHING, RESPIRATORS, PRESSURE DIFFERENTIAL SYSTEMS USING HEPA FILTRATION SYSTEMS DISPOSE INTO 6 MIL PLASTIC BAGS DOUBLED AND LABELED

TRAINING CERTIFICATION: I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF REGULATION AQMD RULE 1403 AND NESHAP WILL BE ON-SITE DURING THE REMOVAL AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.

ROBERT ESPINOSA  
PRINT NAME OF OWNER/OPERATOR

  
SIGNATURE OF OWNER/OPERATOR

DATE 10/07/96

INFORMATION CERTIFICATION: I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND I HAVE ENCLOSED ANY REQUIRED ATTACHMENTS.

ROBERT ESPINOSA  
PRINT NAME OF OWNER/OPERATOR

  
SIGNATURE OF OWNER/OPERATOR

DATE 10/07/96

NOTIFICATIONS ARE NOT ACCEPTED WITHOUT THE REQUIRED ASBESTOS FEE (AQMD Rule 301). REMOVAL LESS THAN 100 SQUARE FEET ARE EXEMPT FROM NOTIFICATION AND FEES. PLEASE MAKE CHECK PAYABLE TO "SCAQMD". FEES ARE PER NOTIFICATION, NOT REFUNDABLE, AND VARY ACCORDING TO THE ASBESTOS AMOUNT TO BE REMOVED. FEES ARE AS FOLLOWS:

FROM 100 TO 1,000 SQUARE FEET	\$ 10.24	DEMOLITIONS	\$ 25.60
FROM 1,001 TO 5,000 SQUARE FEET	\$ 76.81	REVISIONS	\$ 10.24
FROM 5,001 TO 10,000 SQUARE FEET	\$179.20	CANCELLATIONS	\$ 00.00
MORE THAN 10,000 SQUARE FEET	\$281.64	PROCEDURE 4 OR 5 PLANS	\$281.64

NOTE: STATE LAW REQUIRES THAT YOU GIVE A COPY OF DEMOLITION NOTIFICATIONS TO YOUR LOCAL BUILDING AND SAFETY DEPARTMENT. PLEASE KEEP A COPY.

MAIL ORIGINAL TO: SCAQMD, RULE 1403 ASBESTOS NOTIFICATIONS, P.O. BOX 4950, DIAMOND BAR, CA 91765-0950  
TELEPHONE : (909) 396-2338 FAX: (909) 396-3342



ORIG. 08/23/96 09/19/96

SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT  
NOTIFICATION OF DEMOLITION OR ASBESTOS REMOVAL

21865 E. Copley Drive, Diamond Bar, CA 91765-4182 (909) 396-2000

NOTICE TO USE ONLY	SCREEN BY	RECEIVED	POSTMARK	ENTERED BY	NOTIFICATION #
COMPLETED BY ROBERT/ALYRHEE COMPANY CST ENVIRONMENTAL, INC. PHONE (714) 991-8300					
DATE 09/18/96 CHECK #		FEE \$ 10.20		PROJECT # 97-109A	
NOTIFICATION TYPE	ORIGINAL	REVISION DATES	REVISION OTHER (HIGHLIGHT) X	CANCELLATION	
PROJECT TYPE	DEMOLITION	ORDERED DEMOLITION	RENOVATION (REMOVAL)	EMERGENCY RENO	PLANNED RENO (ANNUAL)
SITE INFORMATION	SITE NAME MC DONNELL DOUGLAS - TORRANCE FACILITY				
SITE ADDRESS 1414 190TH STREET					
CITY TORRANCE	STATE CA	ZIP 90501	COUNTY LOS ANGELES		
DESCRIBE WORK LOCATION THROUGHOUT BUILDING					
BUILDING SIZE (SQ FT)	509,050	NUMBER OF FLOORS	4	BUILDING AGE (YEARS)	45
NUMBER OF DWELLING UNITS					
PRESENT USE	COMMERCIAL	HOSPITAL	INDUSTRIAL	MISCELLANEOUS	OFFICE
PUBLIC BLDG.	RESIDENCE	SCHOOL	SHIP	UNIV/COLLEGE	VACANT
PRIOR USE	COMMERCIAL	HOSPITAL	INDUSTRIAL	MISCELLANEOUS	OFFICE
PUBLIC BLDG.	RESIDENCE	SCHOOL	SHIP	UNIV/COLLEGE	VACANT
OWNER	MC DONNELL DOUGLAS REALTY		ADDRESS 4060 LAKEWOOD BOULEVARD STE# 600		
CITY LONG BEACH	STATE CA	ZIP 90808	CONTACT	MARIO STAVALE PHONE 310/ 6273014	
REQUIRED BUILDING INFORMATION	ASBESTOS PRESENT? YES	NO	ASBESTOS SURVEY? YES	NO	ASBESTOS REMOVED? YES
NO	BUILDING TO BE DEMOLISHED? YES				NO
PROJECT DATES	START	END		WORK SHIFT (am/pm)	
REMOVAL DATES	START 09/06/96	END 12/31/96		WORK SHIFT (am/pm)	
ASBESTOS AMOUNT TO BE REMOVED (in square feet)	FRIABLE 58,300 SQ FT	CLASS I 429,000 SQ FT	CLASS II	TOTAL REMOVED (add row) 487,300 SQ FT	
ASBESTOS REMOVED FROM	SURFACES		PIPES	COMPONENTS	
DESCRIBE THE MATERIALS	ACOUSTIC CEILING LINOLEUM INSULATION FIRE PROOFING DUCTING ROOFING MASTIC				
FLOOR TILES (VAT)	DRY WALL	PLASTER	TRANSITE	OTHER (describe) PLEASE SEE ATTACHED LISTING.	
CONTRACTOR INFORMATION	CSLB LICENSE # 549566	OSHA REG # 177	AQMD ID # 97739		
NAME CST ENVIRONMENTAL, INC.	ADDRESS 2100 E. VIA BURTON				
CITY ANAHEIM	STATE CA	ZIP 92806	SITE SUPVR RICKY RICKARD	PHONE (714) 991-8300	
STATE TRANSPORTER #1 SOUTHERN PACIFIC TRANS	LANDFILL ECDC ENVIRONMENTAL				
ADDRESS 1 MARKET PLAZA	ADDRESS 1111 WEST HWY 123				
CITY SAN FRANCISCO	STATE CA	ZIP 94104	CITY EAST CARBON	STATE UT	ZIP 84520



WASTE TRANSPORTER #2		WASTE STORAGE SITE	
DD ISS		ADDRESS	
STATE	ZIP	CITY	STATE
			ZIP

WORK PRACTICES: DESCRIBE WORK PRACTICES AND CONTROLS TO BE USED AT THE DEMOLITION AND RENOVATION SITE. FOR ASBESTOS REMOVAL WORK, INDICATE RULE 1403 PROCEDURE # 1, 2, 3, 4 OR 5 OR COMBINATIONS OF PROCEDURES USED. FOR PROCEDURES 4 AND 5, SUBMIT PLANS OF AQMD PRIOR APPROVAL. PROCEDURE #:

ONE AND THREE

ASBESTOS DETECTION PROCEDURE: DESCRIBE THE METHODS AND PROCEDURES USED TO DETERMINE WHETHER ASBESTOS IS PRESENT AT THE SITE, INCLUDING THE ANALYTICAL METHODS:

PLM

FOR ORDERED DEMOLITION SEND A COPY OF THE ORDER AND GIVE THE AGENCY NAME:  
 AUTHORIZING PERSON: TITLE  
 DATE OF ORDER: DATE ORDERED TO BEGIN:

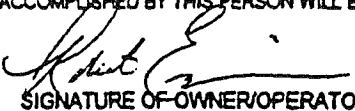
FOR EMERGENCY ASBESTOS REMOVAL GIVE THE NAME AND PHONE NUMBER OF THE PERSON DECLARING/AUTHORIZING THE EMERGENCY, DATE AND HOUR OF EMERGENCY AND DESCRIBE THE SUDDEN, UNEXPECTED EVENT:

EXPLAIN HOW THE EVENT WOULD CAUSE UNSAFE CONDITIONS, EQUIPMENT DAMAGE OR UNREASONABLE FINANCIAL BURDEN:

CONTINGENCY PLAN: DESCRIBE ACTIONS AND PROCEDURES TO BE FOLLOWED IF UNEXPECTED ASBESTOS IS FOUND DURING DEMOLITION OR NONFRIABLE ASBESTOS MATERIAL BECOME CRUMBED, PULVERIZED, OR REDUCED TO POWDER. FULL CONTAINMENT, WET REMOVAL METHOD, PROTECTIVE CLOTHING, RESPIRATORS, PRESSURE DIFFERENTIAL SYSTEMS USING HEPA FILTRATION SYSTEM DISPOSE INTO 6 MIL PLASTIC BAGS DOUBLED AND LABELED

TRAINING CERTIFICATION: I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF REGULATION AQMD RULE 1403 AND NESHAP WILL BE ON-SITE DURING THE REMOVAL AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.

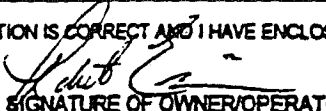
ROBERT ESPINOSA  
PRINT NAME OF OWNER/OPERATOR

  
SIGNATURE OF OWNER/OPERATOR

DATE 09/19/96

FORMATION CERTIFICATION: I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND I HAVE ENCLOSED ANY REQUIRED ATTACHMENTS.

ROBERT ESPINOSA  
PRINT NAME OF OWNER/OPERATOR

  
SIGNATURE OF OWNER/OPERATOR

DATE 09/19/96

NOTIFICATIONS ARE NOT ACCEPTED WITHOUT THE REQUIRED ASBESTOS FEE (AQMD Rule 301). REMOVAL LESS THAN 100 SQUARE FEET ARE EXEMPT FROM NOTIFICATION AND FEES. PLEASE MAKE CHECK PAYABLE TO "SCAQMD". FEES ARE PER NOTIFICATION, NOT REFUNDABLE, AND VARY ACCORDING TO THE ASBESTOS AMOUNT TO BE REMOVED. FEES ARE AS FOLLOWS:

FROM 100 TO 1,000 SQUARE FEET	\$ 10.24	DEMOLITIONS	\$ 25.60
FROM 1,001 TO 5,000 SQUARE FEET	\$ 76.81	REVISIONS	\$ 10.24
FROM 5,001 TO 10,000 SQUARE FEET	\$179.20	CANCELLATIONS	\$ 00.00
MORE THAN 10,000 SQUARE FEET	\$281.64	PROCEDURE 4 OR 5 PLANS	\$281.64

NOTE: STATE LAW REQUIRES THAT YOU GIVE A COPY OF DEMOLITION NOTIFICATIONS TO YOUR LOCAL BUILDING AND SAFETY DEPARTMENT. PLEASE KEEP A COPY.

MAIL ORIGINAL TO: SCAQMD, RULE 1403 ASBESTOS NOTIFICATIONS, P.O. BOX 4950, DIAMOND BAR, CA 91765-0950  
 TELEPHONE : (909) 396-2336 FAX: (909) 396-3342

# CST ENVIRONMENTAL, INC

## MC DONNELL DOUGLAS - TORRANCE FACILITY

### FRIABLE :

FIRE PROOFING	47,000
PIPE INSULATION	10,000
FIRE DOORS	800
VIB JOINT CLOTH	500
<hr/>	
SUB - TOTAL	60,000 sq ft

### NON - FRIABLE :

ROOFING	191,000
VAT & MASTIC	94,000
WINDOW PUTTY	20,000
PENETRATION MASTIC	6,000
ASBESTOS WEATHERPROOFING	118,000
ON CORRUGATED METAL SIDING	<hr/>
SUB - TOTAL	429,000 sq ft

REMOVAL OF APPROX. 487,300 SQ FT TOTAL

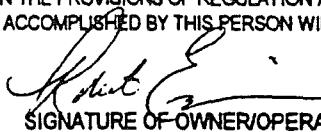
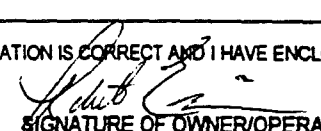
ORIG. 08/23/96



# **SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT NOTIFICATION OF DEMOLITION OR ASBESTOS REMOVAL**

21865 E. Copley Drive, Diamond Bar, CA 91765-4182 (909) 396-2000

<b>AQMD USE ONLY</b>		<b>SCREEN BY</b>		<b>RECEIVED</b>		<b>POSTMARK</b>		<b>ENTERED BY</b>		<b>NOTIFICATION #</b>	
COMPLETED BY ROBERT/ALYRHEE COMPANY CST ENVIRONMENTAL, INC. PHONE (714) 991-8300											
DATE 08/23/96		CHECK #		FEE \$ 281,60		PROJECT # 97-109A					
<b>NOTIFICATION TYPE</b>		ORIGINAL <input checked="" type="checkbox"/>		REVISION DATES		REVISION OTHER (HIGHLIGHT)		CANCELLATION			
<b>PROJECT TYPE</b>		DEMOLITION		ORDERED DEMOLITION		<input checked="" type="checkbox"/> RENOVATION (REMOVAL)		EMERGENCY RENO		PLANNED RENO (ANNUAL)	
<b>SITE INFORMATION</b>		SITE NAME MC DONNELL DOUGLAS - TORRANCE FACILITY									
SITE ADDRESS 1414 190TH STREET											
CITY TORRANCE		STATE CA		ZIP 90501		COUNTY LOS ANGELES					
DESCRIBE WORK LOCATION THROUGHOUT BUILDING											
BUILDING SIZE (SQ FT) 509,050		NUMBER OF FLOORS 4		BUILDING AGE (YEARS) 45		NUMBER OF DWELLING UNITS					
<b>PRESENT USE</b>		<input checked="" type="checkbox"/> COMMERCIAL		<input type="checkbox"/> HOSPITAL		<input type="checkbox"/> INDUSTRIAL		<input type="checkbox"/> MISCELLANEOUS		<input type="checkbox"/> OFFICE	
<b>PRIOR USE</b>		<input checked="" type="checkbox"/> COMMERCIAL		<input type="checkbox"/> HOSPITAL		<input type="checkbox"/> INDUSTRIAL		<input type="checkbox"/> MISCELLANEOUS		<input type="checkbox"/> OFFICE	
<b>SITE OWNER</b>		MC DONNELL DOUGLAS REALTY				<b>ADDRESS</b>		4060 LAKEWOOD BOULEVARD STE# 600			
CITY LONG BEACH		STATE CA		ZIP 90808		<b>CONTACT</b>		MARIO STAVALE		<b>PHONE</b> 310/ 6273014	
<b>REQUIRED BUILDING INFORMATION</b>		ASBESTOS PRESENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		ASBESTOS SURVEY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		ASBESTOS REMOVED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		BUILDING TO BE DEMOLISHED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
<b>PROJECT DATES</b>		START		END		WORK SHIFT (am/pm)					
<b>REMOVAL DATES</b>		START 09/06/96		END 12/31/96		WORK SHIFT (am/pm)					
<b>ASBESTOS AMOUNT TO BE REMOVED (in square feet)</b>		FRIABLE 58,300 SQ FT		CLASS I 429,000 SQ FT		CLASS II		TOTAL REMOVED (add row) 487,300 SQ FT			
<b>ASBESTOS REMOVED FROM</b>		<input checked="" type="checkbox"/> SURFACES		<input checked="" type="checkbox"/> PIPES		<input type="checkbox"/> COMPONENTS					
<b>DESCRIBE THE MATERIALS</b>		ACOUSTIC CEILING		LINOLEUM		<input checked="" type="checkbox"/> INSULATION		<input checked="" type="checkbox"/> FIRE PROOFING		DUCTING	
<b>FLOOR TILES (VAT)</b>		<input type="checkbox"/> DRY WALL		<input type="checkbox"/> PLASTER		<input type="checkbox"/> TRANSITE		<input checked="" type="checkbox"/> OTHER (describe)		PLEASE SEE ATTACHED LISTING.	
<b>CONTRACTOR INFORMATION</b>		CSLB LICENSE # 549566		OSHA REG # 177		AQMD ID # 97739					
NAME CST ENVIRONMENTAL, INC.		ADDRESS 2100 E. VIA BURTON									
CITY ANAHEIM		STATE CA		ZIP 92806		SITE SUPVR RICKY RICKARD		PHONE (714) 991-8300			
<b>WASTE TRANSPORTER #1</b>		FALCON DISPOSAL				<b>LANDFILL</b>		COPPER MOUNTAIN LANDFILL			
ADDRESS 2531 EAST 67TH STREET		ADDRESS AVENUE 34E, COUNTY 12TH STREET									
CITY LONG BEACH		STATE CA		ZIP 90805		CITY WELTON		STATE AZ		ZIP 85356	

WASTE TRANSPORTER #2			WASTE STORAGE SITE		
ADDRESS			ADDRESS		
TY	STATE	ZIP	CITY	STATE	ZIP
<b>CONTROLS:</b> DESCRIBE WORK PRACTICES AND CONTROLS TO BE USED AT THE DEMOLITION AND RENOVATION SITE. FOR ASBESTOS REMOVAL WORK, INDICATE RULE 1403 PROCEDURE # 1, 2, 3, 4 OR 5 OR COMBINATIONS OF PROCEDURES USED. FOR PROCEDURES 4 AND 5, SUBMIT PLANS OR AQMD PRIOR APPROVAL. PROCEDURE #:					
ONE AND THREE					
<b>ASBESTOS DETECTION PROCEDURE:</b> DESCRIBE THE METHODS AND PROCEDURES USED TO DETERMINE WHETHER ASBESTOS IS PRESENT AT THE SITE, INCLUDING THE ANALYTICAL METHODS:					
PLM					
<b>FOR ORDERED DEMOLITION SEND A COPY OF THE ORDER AND GIVE THE AGENCY NAME:</b> AUTHORIZING PERSON: _____ TITLE _____ DATE OF ORDER: _____ DATE ORDERED TO BEGIN: _____					
<b>FOR EMERGENCY ASBESTOS REMOVAL GIVE THE NAME AND PHONE NUMBER OF THE PERSON DECLARING/AUTHORIZING THE EMERGENCY, DATE AND HOUR OF EMERGENCY AND DESCRIBE THE SUDDEN, UNEXPECTED EVENT:</b>					
EXPLAIN HOW THE EVENT WOULD CAUSE UNSAFE CONDITIONS, EQUIPMENT DAMAGE OR UNREASONABLE FINANCIAL BURDEN:					
<b>CONTINGENCY PLAN:</b> DESCRIBE ACTIONS AND PROCEDURES TO BE FOLLOWED IF UNEXPECTED ASBESTOS IS FOUND DURING DEMOLITION OR NONFRIABLE ASBESTOS MATERIAL BECOME CRUMBLED, PULVERIZED, OR REDUCED TO POWDER. FULL CONTAINMENT, WET REMOVAL METHOD, PROTECTIVE CLOTHING, RESPIRATORS, PRESSURE DIFFERENTIAL SYSTEMS USING HEPA FILTRATION SYSTEMS, DISPOSE INTO 6 MIL PLASTIC BAGS DOUBLED AND LABELED					
<b>TRAINING CERTIFICATION:</b> I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF REGULATION AQMD RULE 1403 AND NESHAP WILL BE ON-SITE DURING THE REMOVAL AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.					
ROBERT ESPINOSA PRINT NAME OF OWNER/OPERATOR		 SIGNATURE OF OWNER/OPERATOR		DATE 08/23/96	
<b>INFORMATION CERTIFICATION:</b> I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND I HAVE ENCLOSED ANY REQUIRED ATTACHMENTS.					
ROBERT ESPINOSA PRINT NAME OF OWNER/OPERATOR		 SIGNATURE OF OWNER/OPERATOR		DATE 08/23/96	
NOTIFICATIONS ARE NOT ACCEPTED WITHOUT THE REQUIRED ASBESTOS FEE (AQMD Rule 301). REMOVAL LESS THAN 100 SQUARE FEET ARE EXEMPT FROM NOTIFICATION AND FEES. PLEASE MAKE CHECK PAYABLE TO "SCAQMD". FEES ARE PER NOTIFICATION, NOT REFUNDABLE, AND VARY ACCORDING TO THE ASBESTOS AMOUNT TO BE REMOVED. FEES ARE AS FOLLOWS:					
FROM 100 TO 1,000 SQUARE FEET		\$ 10.24		DEMOLITIONS	
FROM 1,001 TO 5,000 SQUARE FEET		\$ 76.81		REVISIONS	
FROM 5,001 TO 10,000 SQUARE FEET		\$179.20		CANCELLATIONS	
MORE THAN 10,000 SQUARE FEET		\$281.64		PROCEDURE 4 OR 5 PLANS	
				\$ 25.60	
				\$ 10.24	
				\$ 00.00	
				\$281.64	
NOTE: STATE LAW REQUIRES THAT YOU GIVE A COPY OF DEMOLITION NOTIFICATIONS TO YOUR LOCAL BUILDING AND SAFETY DEPARTMENT. PLEASE KEEP A COPY.					

MAIL ORIGINAL TO: SCAQMD, RULE 1403 ASBESTOS NOTIFICATIONS, P.O. BOX 4950, DIAMOND BAR, CA 91765-0950  
 TELEPHONE : (909) 396-2338 FAX: (909) 396-3342

**TEMPORARY WORKSITE NOTIFICATION FOR ASBESTOS  
and METHYLENEDIANILINE-RELATED WORK**

97-109A

COMPANY/EMPLOYER NAME: CST ENVIRONMENTAL, INC.

HEADQUARTERS ADDRESS: 2100 EAST VIA BURTON STREET, CA 92806

\*CONTRACTORS STATE LICENSE BOARD LICENSE NUMBER: 549566

DOSH-OCCU (CAL/OSHA) \*ASBESTOS REGISTRATION NUMBER: 177  
and/or \*REPORT OF USE\* REGISTRY NUMBER: \_\_\_\_\_

ADDRESS OF TEMPORARY WORKSITE and PRECISE LOCATION: MCDONNELL DOUGLAS - TORRANCE  
1414 190TH STREET, TORRANCE, CA 90501

NEAREST INTERSECTION: 190TH AND WESTERN

TYPE OF BUSINESS: COMMERICAL

\*NAME OF CERTIFIED SUPERVISOR: RICKY RICKARD

\*NAME OF QUALIFIED PERSON IN CHARGE OF AIR MONITORING,  
LABORATORY WORK, AND RESPIRATORS: RICKY RICKARD / EDM / PAUL ZAMBRANO

\*NAME OF CERTIFIED CONSULTANT: FORENSIC -

PROJECTED JOB STARTING DATE: 09/06/96 PROJECTED COMPLETION DATE: 12/31/96

DESCRIBE TYPE, SCOPE AND WORK PRACTICES OF JOB: REMOVAL OF APPROX 487,300 SQ FT  
OF FRIABLE AND NON-FRIABLE THROUGHOUT. SEE ATTACHED FOR LISTED INFORMATION.  
FULL CONTAINMENT, WET REMOVAL METHOD, PROTECTIVE CLOTHING, RESPIRATORS, PRESSURE  
DIFFERENTIAL SYSTEMS USING HEPA FILTRATION SYSTEMS, DISPOSE INTO 6 MIL PLASTIC BAGS  
DOUBLED AND LABELED.

EVALUATION OF POTENTIAL FOR EXPOSURE: NO POTENTIAL EXPOSURE EXPECTED. WORKERS WILL  
DON RESPIRATORY PROTECTION AND PROTECTIVE CLOTHING.

ESTIMATED NUMBER OF EMPLOYEES ON THIS JOB: 10-12

ACCORDING TO TITLE 8 CCR SECTIONS 341.9 AND 1529(r) for ASBESTOS and 5200(p) for MDA, PLEASE  
SEND THIS COMPLETED NOTICE TO THE NEAREST DISTRICT COMPLIANCE OFFICE (SEE  
ATTACHED LISTING), NOT TO DOSH HEADQUARTERS OR TO DOSH CONSULTATION, PRIOR TO  
COMMENCEMENT OF ANY SUCH WORK ACTIVITY.

NOTE: ANY CHANGE IN THE INFORMATION PROVIDED TO THE DISTRICT OFFICE BY THE  
WRITTEN NOTICE SHALL BE REPORTED TO THE DISTRICT OFFICE WITHIN 24 HOURS OF  
SUCH CHANGE.

\* The star denotes asbestos inquiry only

CAL/OSHA 183B  
May, 1993



**CST ENVIRONMENTAL, INC**

Contractor License #549566  
DOSH #177  
2100 East Via Burton Street  
Anaheim, CA 92806  
714/991-8300 FAX 714/991-8226

December 17, 1996

South Coast Air Quality Management District  
Air Toxics Unit  
21865 East Copely Drive  
Diamond Bar, CA 91765-4182

Attn: Mr. Sam Vergara

RE: McDonnell Douglas Torrance Facility,  
Remediation and Demolition for Phase 1  
1414 West 190th Street, Torrance, California

Subject: Request for Procedure 5 Approval dated December 17, 1996 revised  
Controlled Demolition of Building 37 Tower  
Confirmation of Verbal Approval

Dear Mr. Vergara,

Pursuant to our conversation, this letter will serve as a confirmation of SCAQMD approval for work practices proposed in the above document.

I would like to thank you for all your cooperation on this application and look forward to our continued working relationship.

Please do not hesitate to contact me if you have any questions.

Sincerely, .

Patrick Hussey  
Project Manager.

pat.527

**CST ENVIRONMENTAL, INC**

Contractor License #549566  
DOSH #177  
2100 East Via Burton Street  
Anaheim, CA 92806  
714/991-8300 FAX 714/991-8226

October 23, 1996

South Coast Air Quality Management District  
Air Toxics Unit  
21865 East Copely Drive  
Diamond Bar, CA 91765-4182

Attn: Mr. Sam Vergara

RE: McDonnell Douglas Torrance Facility,  
Remediation and Demolition for Phase 1  
1414 West 190th Street, Torrance, California

Subject: Request for Procedure 5 Approval dated October 17, 1996  
Confirmation of Verbal Approval

Dear Mr. Vergara,

Pursuant to our conversation, this letter will serve as a confirmation of SCAQMD approval for work practices proposed in the above document.

I would like to thank you for all your cooperation on this application and look forward to our continued working relationship.

Please do not hesitate to contact me if you have any questions.

Sincerely



Patrick Hussey  
Project Manager.

pat.527

# CST ENVIRONMENTAL, INC

Contractor License #549566  
DOSH #177  
2100 East Via Burton Street  
Anaheim, CA 92806  
714/991-8300 FAX 714/991-8226

October 15, 1996

South Coast Air Quality Management District  
Air Toxics Unit  
21865 East Copely Drive  
Diamond Bar, CA 91765-4182

Attn: Mr. Sam Vergera

RE: McDonnell Douglas Torrance Facility,  
Remediation and Demolition for Phase 1  
1414 West 190th Street, Torrance, California

Subject: Request for Review and Approval of Proposed Work Practices  
Procedure 5

Dear Mr. Vergera,

Based on my recent conversation with Mr. Michal Haynes I am providing you with our proposed work practices to remove construction systems that use asbestos containing materials as a part of the system. These include, sheetmetal siding covered with asbestos weatherproofing, and Metal Window Frames with asbestos window putty. Additionally I would like to include roof flashing materials at parapet walls of brick buildings, roof penetration tar and sealants, and flooring mastic on wood floor surfaces.

## **Project Objective:**

The objective of this workplan is to provide a work procedure that will ensure that the asbestos containing materials removed as part of the project will not be significantly impacted during the work activities. This work plan will discuss the approach necessary to achieve the above goals within the guidelines set forth under Rule 1403 Procedure 5. Further, All work for this project will comply with all applicable Federal, State and Local regulations.

## **Background:**

The scope of work at the project site involves the demolition of approximately 12 building and attached and detached shacks. A pre demolition asbestos survey was conducted by Hall-Kimbrell Environmental Services and Forensic Analytical. Asbestos containing materials have been found at various locations throughout the project site. Asbestos containing materials are presently being removed from various locations using procedures 1, 2 and 3, as identified in the attached notification document.



### **Work Implementation and Sequencing.**

The following portion of the plan shall discuss individual materials and the proposed procedures for the removal and disposal of such materials.

### **Sheetmetal Siding Covered with Asbestos Containing Weatherproofing.**

The objective of this specific removal operation is to remove approximately 118,000 square feet of sheetmetal siding covered with asbestos weatherproofing material similar in composition to roof felts. The weatherproofing is bonded to the siding in such a manner that delamination during removal is unlikely. It is my professional opinion and the opinion of Hall Kimbrell Environmental Services that this material is classified as Class 1 Nonfriable Asbestos material.

### **Material Location and Quantities:**

Presently the material is located on 3 separate building structures in the following quantities and asbestos content.

Building	37	90,160 sq. ft.	2% Asbestos	Class I Nonfriable
Building	57	≈18,000 sq. ft	2-25% Asbestos	Class I Nonfriable
Building	58	13,300 sq. ft.	25% Asbestos	Class I Nonfirable

### **Typical Construction:**

Typical fastening methods found at this location for these materials is the sheetmetal siding is fastened to building with bolts attached to metal straps. The metal straps are wrapped around the structural steel framing. Building age on an average is 45 years old. All fastening systems are currently in a condition that disallow normal removal using hand tools.

### **Planned Removal Procedures:**

- a. Work area shall be isolated and demarcated with asbestos warning barrier tape.
- b. Sheetmetal siding shall be continually and adequately wetted during the removal process.
- c. Drop cloths shall be placed along the area of work to contain the work area to the extent feasible.
- d. Sheetmetal siding shall be removed primarily using a backhoe (heavy equipment) equipped with a thumb attachment. This will allow the siding to be securely held and pulled away from the structural framing.
- e. Sheetmetal siding shall be pulled away from the building with this equipment causing the fastening system to breakaway and release the

siding from its secured position. It is the intent to remove all siding sections as units or in sections.

- f. Sheetmetal siding shall be stockpiled close to the work for future placement within properly lined 40 cubic yard disposal containers. The material shall be properly labeled for transport and disposal as asbestos containing waste materials.
- g. All floor surfaces in the isolated work area shall be cleaned of visible contamination with a HEPA filtered vacuum or by wet wiping prior to removing drop cloths. (see the attached SCAQMD permits)
- h. The sequence will be repeated until all siding is removed.
- i. The final disposition of the entire metal siding system shall be direct burial.

**Metal Frame Windows with Asbestos Containing Window Putty:**

The objective of this specific removal operation is to remove approximately 20,000 square feet of Metal Frame Windows with Asbestos Containing Window Putty. It is my professional opinion that this material is classified as Class 1 Nonfriable Asbestos material.

**Material Location and Quantities:**

Presently the material is located on 6 separate building structures throughout the project. They are Building 29,33,34,36,37 and 61, with an average of 1-5% Asbestos that is Class I Nonfriable.

**Typical Construction:**

Typical fastening methods found at this location for these materials is the metal window frames have been bolted to the building structure. Building age on an average is 45 years old. All fastening systems are currently in a condition that disallow normal removal using hand tools.

**Planned Removal Procedures:**

The removal procedure for this construction unit is identical as above for the sheetmetal siding. The final disposition of the entire window system shall be direct burial in properly labeled and lined 40 cubic yard waste containers.

**Roof Flashing Materials at Parapet Walls of Brick Buildings:**

The objective of this removal operation is to remove approximately 5000 square feet of roof flashing bonded to the red brick surfaces of the parapet walls. The flashing system consists of roof felts on tar with sealants and is attached in such a manner that the brick/flashing system should be considered as a unit. It is my professional opinion and the opinion of Hall Kimbrell Environmental Services that this material is classified as Class 1 Nonfriable Asbestos material.

**Planned Removal Procedures:**

- a. Work area shall be isolated and demarcated with asbestos warning barrier tape.
- b. Roof flashing shall be continually and adequately wetted during the controlled demolition of the parapet wall
- c. Drop cloths shall be placed along the area of work to contain the work area to the extent feasible.
- d. Controlled demolition of the parapet wall using a backhoe (heavy equipment). Brick sections of the parapet wall shall be toppled with flashing intact.
- g. All floor surfaces in the isolated work area shall be cleaned of visible contamination with a HEPA filtered vacuum or by wet wiping prior to removing drop cloths. (see the attached SCAQMD permits)
- h. The sequence will be repeated until all brick with roof flashing is removed.
- i. The final disposition of the entire brick/flashing system shall be direct burial.

**Roof Penetration Tar and Sealants:**

The objective of this operation is to allow the controlled demolition of various building at the project site with penetration tar/sealants intact during the demolition. The approximate total quantity of this material is 3000 square feet which is located on various buildings. The total quantity of roof systems to be demolished is approximately 450,000 square feet. Currently the materials are located sporadically throughout the roof surfaces in small quantities. On an average, tar/sealants may contain less than 30 square inches at each location. It is my professional opinion that this material is classified as Class 1 Nonfriable Asbestos material.

The planned operation will involve the controlled demolition of these structures while continually and adequately wetting the entire structure during the demolition process.

The final disposition of the entire roof system shall be direct burial.

**Flooring Mastic on Wood Floor Surfaces:**

The objective of this operation is to allow the controlled demolition of Building 34 with mastic at wood floor surfaces intact during the demolition work. The approximate quantity of wood floor surfaces containing mastic covering is 2000 square feet. The approximate building size to be demolished is 22,000 square feet. It is my professional opinion that this material is classified as Class 1 Nonfriable Asbestos material, and the planned controlled demolition will not significantly impact the material.

The planned operation will involve the controlled demolition of this building while continually and adequately wetting the entire structure during the demolition process.

The final disposition of the entire roof system shall be direct burial.

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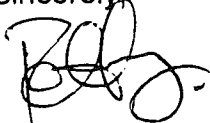
During the course of all work at this site, continuous air monitoring of the environment shall be conducted on a regular basis. Further, all employees involved with any of the operations involving asbestos materials shall be fully trained and equipped with personal protective equipment.

In closing, I would like to request that the above be granted as a Procedure 5 under an Emergency Renovation Notification as attached. I am including a copy of my original notification, a copy of the check used to pay for the original quantities, and a copy of the check for the review fee. It is our intent to provide a safe and healthful workplace throughout the course of this project and I welcome any input from you with regards to modifications of the above proposed procedures.

I appreciate any consideration given this request for your review and look forward to your expeditious approval.

Please do not hesitate to contact me if you have any questions. You may reach me anytime by calling my pager at (714) 324-3406.

Sincerely,



Patrick Hussey  
Project Manager

cc: Michal Haynes - SCAQMD  
John Marasco - MDRC

attachments: SCAQMD Emergency renovation Notification  
Copy of check for review fee  
SCAQMD Original Notification  
Copy of check for original quantities  
Copy SCAQMD permits for HEPA Vacuums

pat.523



# Air Sample Results

# EDM ENVIRONMENTAL DATA MANAGEMENT

4B-8 VILLAGE LOOP ROAD, POMONA, CA 91766 PHONE : 909-865-7550

REPORT FOR CST, INC. JOB # 97-109A

WORK SITE: Mc DONNEL DOUGLAS, TORRANCE, CA - SHACK BUILDING 56

REPORT DATE : 02/10/97

P.O. # A 10159 ✓

## AIR SAMPLE ANALYSES : NIOSH 7400 METHOD

DATE TAKEN FIELD ID LAB. ID	SAMPLE AREA SAMPLE TYPE WORK IN PROGRESS	SAMPLE LOCATION  FOR OBZ : NAME FOR OBZ : SS.	OBZ EXPO. TIME MIN.	START SAMPLE END SAMPLE	FLOW RATE LPM  VOLUME (L)	FIBERS  FIELDS	F/CC  TWA	LOD	COMMENTS
02/04/97 1 97EDM785	IWA OBZ ABATE	REMOVE PENALS JOE GARZA 567-19-4115	30	7:00 7:30	2.0 60	4 100	0.033 0.002	0.036	
02/04/97 2 97EDM786	IWA OBZ ABATE	REMOVE PENALS JOE GARZA 567-19-4115	60	7:30 8:30	2.0 120	10 100	0.041 0.005	0.030	
02/04/97 3 97EDM787	IWA OBZ ABATE	30 SECONDS SAMPLE - FIELD				3 100			
02/04/97 4 97EDM787B	BLANK	LAB BLANK				1 100			

IWA = INSIDE WORK AREA, OWA = OUTSIDE WORK AREA, OBZ = OPERATOR BREATHING ZONE, LOD = LIMIT OF DETECTION, LOQ = LIMIT OF QUANTIFICATION

UFP = UNDER LOADED FIBERS- MAY HAVE POSITIVE BIAS (F/MM<100) , OFN = OVER LOADED FIBERS - MAY HAVE NEG. BIAS (F/MM>100)

OPN = OVER LOADED PARTICULATE - MAY HAVE NEG. BIAS, OPFP = OVER LOADED PARTICULATE AND FIBERS - MAY HAVE POS. BIAS.

ANALYST:

*David J. Patterson*

# EDM ENVIRONMENTAL DATA MANAGEMENT

4B-8 VILLAGE LOOP ROAD, POMONA, CA 91766 PHONE : 909-865-7550

REPORT FOR CST, INC. JOB # 97- 109A

WORK SITE: Mc DONNEL DOUGLAS, TORRANCE, CA

REPORT DATE : 01/31/97

P.O. # A 10137 ✓

## AIR SAMPLE ANALYSES : NIOSH 7400 METHOD

DATE TAKEN FIELD ID LAB. ID	SAMPLE AREA SAMPLE TYPE WORK IN PROGRESS	SAMPLE LOCATION  FOR OBZ : NAME FOR OBZ : SS.	OBZ EXPO. TIME MIN.	START SAMPLE END SAMPLE	FLOW RATE LPM  VOLUME (L)	FIBERS  FIELDS	F/CC  TWA	LOD	COMMENTS
01/28/97 1 97EDM553	IWA OBZ. ABATE	GUARD SHACK FLOOR TILE JOE GARCIA 567-19-4115	30	7:00 7:30	2.0 60	6 100	0.049 0.003	0.036	
01/28/97 2 97EDM554	IWA OBZ. ABATE	GUARD SHACK WINDOW PUTTY JOE GARCIA 567-19-4115	210	7:30 11:00	2.0 420	23 100	0.027 0.012	0.013	
01/28/97 3 97EDM555	IWA OBZ. ABATE	GUARD SHACK WINDOW PUTTY & VENT JOE GARCIA 567-19-4115	180	11:30 2:30	2.0 360	15 100	0.020 0.008	0.017	
01/28/97 4 97EDM556	IWA OBZ ABATE	30 SECONDS SAMPLE - FIELD				4 100			
01/28/97 5 97EDM556B	BLANK	LAB. BLANK				2 100			

IWA = INSIDE WORK AREA, OWA = OUTSIDE WORK AREA, OBZ = OPERATOR BREATHING ZONE, LOD = LIMIT OF DETECTION, LOQ = LIMIT OF QUANTIFICATION

UFP = UNDER LOADED FIBERS- MAY HAVE POSITIVE BIAS (F/MM<100) , OFN = OVER LOADED FIBERS - MAY HAVE NEG. BIAS (F/MM>100)

OPN = OVER LOADED PARTICULATE - MAY HAVE NEG. BIAS, OPFP = OVER LOADED PARTICULATE AND FIBERS - MAY HAVE POS. BIAS.

ANALYST:

*John P. Little*



# EDM ENVIRONMENTAL DATA MANAGEMENT

4B-8 VILLAGE LOOP ROAD, POMONA, CA 91766 PHONE : 909-865-7550

REPORT FOR CST, INC. JOB # 97- 109A

WORK SITE: Mc DONNEL DOUGLAS, TORRANCE, CA -BUILDING # 29

REPORT DATE : 01/31/97

P.O. # A 10137 ✓

## AIR SAMPLE ANALYSES : NIOSH 7400 METHOD

DATE TAKEN FIELD ID LAB. ID	SAMPLE AREA SAMPLE TYPE WORK IN PROGRESS	SAMPLE LOCATION  FOR OBZ : NAME FOR OBZ : SS.	OBZ EXPO. TIME MIN.	START SAMPLE END SAMPLE	FLOW RATE LPM  VOLUME (L)	FIBERS  FIELDS	F/CC  TWA	LOD	COMMENTS
01/27/97 1 97EDM549	IWA OBZ. ABATE	PREP. AIR VENTS JOE GARCIA 567-19-4115	30	8:30 9:00	2.0 60	3 100	0.025 0.0016	0.036	
01/27/97 2 97EDM550	IWA OBZ. ABATE	PREP. AIR VENTS JOE GARCIA 567-19-4115	120	9:00 11:00	2.0 240	10 100	0.020 0.005	0.025	
01/27/97 3 97EDM551	IWA OBZ. ABATE	PREP. AIR VENTS JOE GARCIA 567-19-4115	180	11:30 2:30	2.0 360	11 100	0.015 0.006	0.017	
01/27/97 4 97EDM552	IWA OBZ ABATE	30 SECONDS SAMPLE - FIELD				3 100			
01/27/97 5 97EDM552B	BLANK	LAB. BLANK				1 100			

IWA = INSIDE WORK AREA, OWA = OUTSIDE WORK AREA, OBZ = OPERATOR BREATHING ZONE, LOD = LIMIT OF DETECTION, LOQ = LIMIT OF QUANTIFICATION

UFP = UNDER LOADED FIBERS - MAY HAVE POSITIVE BIAS (F/MM<100) , OFN = OVER LOADED FIBERS - MAY HAVE NEG. BIAS (F/MM>100)

OPN = OVER LOADED PARTICULATE - MAY HAVE NEG. BIAS, OPFP = OVER LOADED PARTICULATE AND FIBERS - MAY HAVE POS. BIAS.

ANALYST:

*Lt. Potter*

# EDM ENVIRONMENTAL DATA MANAGEMENT

4B-8 VILLAGE LOOP ROAD, POMONA, CA 91766 PHONE : 909-865-7550

REPORT DATE : 01/22/97

P.O. # A 10109 ✓

REPORT FOR CST, INC. JOB # 97-109A

WORK SITE: Mc DONNEL DOUGLAS , BLDG. # 29

## AIR SAMPLE ANALYSES : NIOSH 7400 METHOD

DATE TAKEN FIELD ID LAB. ID	SAMPLE AREA SAMPLE TYPE WORK IN PROGRESS	SAMPLE LOCATION  FOR OBZ : NAME FOR OBZ : SS.	OBZ EXPO. TOME MIN.	START SAMPLE END SAMPLE	FLOW RATE LPM  VOLUME (L)	FIBERS  FIELDS	F/CC  TWA	LOD	COMMENTS
01/11/97 1 97EDM316	IWA OBZ ABATE	WRAPPED PIPE INSULATION! JOE GARZA 567-19-4115	30	9:30 10:00	2.0 60	6 100	0.049 0.003	0.036	
01/11/97 2 97EDM317	IWA OBZ ABATE	WRAPPED PIPE INSULATION JOE GARZA 567-19-4115	210	10:00 1:30	1.9 399	13 100	0.016 0.007	0.016	
01/11/97 3 97EDM318	IWA OBZ ABATE	WRAPPED PIPE INSULATION JOE GARZA 567-19-4115	180	2:00 5:00	1.9 342	16 100	0.023 0.009	0.018	
01/11/97 4 97EDM319	IWA OBZ ABATE	30 SECONDS SAMPLE - FIELD				4 100			
01/11/97 5 97EDM319B	BLANK	LOT BLANK				2 100			

IWA = INSIDE WORK AREA, OWA = OUTSIDE WORK AREA, OBZ = OPERATOR BREATHING ZONE, LOD = LIMIT OF DETECTION, LOQ = LIMIT OF QUANTIFICATION

UFP = UNDER LOADED FIBERS- MAY HAVE POSITIVE BIAS (F/MM<100) , OFN = OVER LOADED FIBERS - MAY HAVE NEG. BIAS (F/MM>100)

OPN = OVER LOADED PARTICULATE - MAY HAVE NEG. BIAS, OPFP = OVER LOADED PARTICULATE AND FIBERS - MAY HAVE POS. BIAS.

ANALYST:

*John P. Sullivan*

# EDM ENVIRONMENTAL DATA MANAGEMENT

4B-8 VILLAGE LOOP ROAD, POMONA, CA 91766 PHONE : 909-865-7550

REPORT FOR CST, INC. JOB # 97-109A

WORK SITE: Mc DONNEL DOUGLAS, TORRANCE, CA - SHACK NEAR BUILDING 23

REPORT DATE : 02/10/97

P.O. # A 10159

## AIR SAMPLE ANALYSES : NIOSH 7400 METHOD

DATE TAKEN FIELD ID LAB. ID	SAMPLE AREA SAMPLE TYPE WORK IN PROGRESS	SAMPLE LOCATION  FOR OBZ : NAME FOR OBZ : SS.	OBZ EXPO. TIME MIN.	START SAMPLE END SAMPLE	FLOW RATE LPM  VOLUME (L)	FIBERS  FIELDS	F/CC  TWA	LOD	COMMENTS
01/30/97 1 97EDM780	IWA OBZ ABATE	REMOVE PENALS JOE GARZA 567-19-4115	30	6:00 6:30	2.0 60	7 100	0.057 0.0036	0.036	
01/30/97 2 97EDM781	IWA OBZ ABATE	REMOVE PENALS JOE GARZA 567-19-4115	110	6:30 8:20	2.0 220	13 100	0.029 0.007	0.027	OPN
01/30/97 3 97EDM782	IWA OBZ ABATE	REMOVE PENALS JOE GARZA 567-19-4115	80	10:10 11:30	2.0 160	9 100	0.028 0.0046	0.028	
01/30/97 4 97EDM783	IWA OBZ ABATE	REMOVE PENALS JOE GARZA 567-19-4115	150	12:00 2:30	2.0 300	16 100	0.026 0.008	0.022	
01/30/97 5 97EDM784	IWA OBZ ABATE	30 SECONDS SAMPLE - FIELD				4 100			
01/30/97 6 97EDM784B	BLANK	LAB. BLANK				2 100			

IWA = INSIDE WORK AREA, OWA = OUTSIDE WORK AREA, OBZ = OPERATOR BREATHING ZONE, LOD = LIMIT OF DETECTION, LOQ = LIMIT OF QUANTIFICATION

UFP = UNDER LOADED FIBERS- MAY HAVE POSITIVE BIAS (F/MM<100) , OFN = OVER LOADED FIBERS - MAY HAVE NEG. BIAS (F/MM>100)

OPN = OVER LOADED PARTICULATE - MAY HAVE NEG. BIAS, OPFP = OVER LOADED PARTICULATE AND FIBERS - MAY HAVE POS. BIAS.

ANALYST:

*Lu P. [Signature]*

# EDM ENVIRONMENTAL DATA MANAGEMENT

4B-8 VILLAGE LOOP ROAD, POMONA, CA 91766 PHONE : 909-865-7550

REPORT FOR CST, INC. JOB # 97-109A

WORK SITE: Mc DONNELL DOUGLAS, 1412 190TH, TORRANCE, CA - BUILDING # 37

REPORT DATE : 01/09/97

P.O. # A 10064

## AIR SAMPLE ANALYSES : NIOSH 7400 METHOD

DATE TAKEN FIELD ID LAB. ID	SAMPLE AREA SAMPLE TYPE WORK IN PROGRESS	SAMPLE LOCATION  FOR OBZ : NAME FOR OBZ : SS.	OBZ EXPO. TIME MIN.	START SAMPLE END SAMPLE	FLOW RATE LPM  VOLUME (L)	FIBERS  FIELDS	F/CC  TWA	LOD	COMMENTS
01/03/97 1 96EDM6868	IWA OBZ. ABATE	WETTING PILE OF DEBRIS JOE GARZA 567-19-4115	430	7:25 2:35	2.5 1075	32 100	0.015 0.013	0.0045	
01/03/97 2 96EDM6869	IWA OBZ. ABATE	WETTING PILE OF DEBRIS - WEST JOE GARZA 567-19-4115	426	7:11 2:17	2.5 1065	29 100	0.013 0.012	0.0045	
01/03/97 3 96EDM6870	IWA OBZ. ABATE	WETTING PILE OF DEBRIS - NORTH JOE GARZA 567-19-4115	428	7:10 2:18	2.5 1070	22 100	0.010 0.009	0.0045	
01/03/97 4 96EDM6871	IWA OBZ. ABATE	30 SECONDS SAMPLE - FIELD				2 100			
01/04/97 1 96EDM6872	IWA OBZ. ABATE	GLOVE BAG REMOVAL BLDG. 29 JOE GARZA 567-19-4115	371	8:15 2:26	2.5 928	33 100	0.017 0.013	0.005	OPN
01/04/97 2 96EDM6873	IWA OBZ. ABATE	30 SECONDS SAMPLE - FIELD				4 100			

ANALYST: *Leto Patterson*

# EDM ENVIRONMENTAL DATA MANAGEMENT

4B-8 VILLAGE LOOP ROAD, POMONA, CA 91766 PHONE : 909-865-7550

REPORT DATE : 01/08/97

P.O. # A 10059 ✓

REPORT FOR CST, INC. JOB # 97-109A

WORK SITE: Mc DONNELL DOUGLAS, 1412 190TH STREET, TRRANCE, CA - BUILDING # 37

## AIR SAMPLE ANALYSES : NIOSH 7400 METHOD

DATE TAKEN FIELD ID LAB. ID	SAMPLE AREA SAMPLE TYPE WORK IN PROGRESS	SAMPLE LOCATION  FOR OBZ : NAME FOR OBZ : SS.	OBZ EXPO. TIME MIN.	START SAMPLE END SAMPLE	FLOW RATE LPM  VOLUME (L)	FIBERS  FIELDS	F/CC  TWA	LOD	COMMENTS
12/31/96 1 96EDM6850	IWA OBZ ABATE	CLEAN UP SPILL JOE GARZA 567-19-4115	415	9:20 4:15	2.5 1038	41 100	0.019 0.017	0.0045	
12/31/96 2 96EDM6851	IWA OBZ ABATE	CLEAN UP SPILL ANGEL ENRIQUEZ 611-34-8597	415	9:20 4:15	2.5 1038	39 100	0.018 0.016	0.0045	
12/31/96 3 96EDM6852	IWA OBZ ABATE	AREA SAMPLE - WEST OF SPILL JOE GARZA 567-19-4115	380	10:10 4:30	2.5 950	33 100	0.017 0.013	0.005	
12/31/96 4 96EDM6853	IWA OBZ ABATE	AREA SAMPLE - NORTH OF SPILL ANGEL ENRIQUEZ 611-34-8597	379	10:11 4:30	2.5 948	37 100	0.019 0.015	0.005	
12/31/96 5 96EDM6854	IWA OBZ ABATE	AREA SAMPLE - EAST OF SPILL	375	10:15 4:30	2.5 938	35 100	0.018 0.014	0.005	
12/31/96 6 96EDM6855	IWA OBZ ABATE	30 SECONDS SAMPLE - FIELD				4 100			

IWA = INSIDE WORK AREA, OWA = OUTSIDE WORK AREA, OBZ = OPERATOR BREATHING ZONE, LOD = LIMIT OF DETECTION, LOQ = LIMIT OF QUANTIFICATION

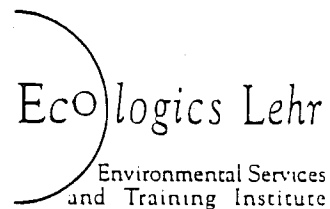
UFP = UNDER LOADED FIBERS - MAY HAVE POSITIVE BIAS (F/MM<100), OFN = OVER LOADED FIBERS - MAY HAVE NEG. BIAS (F/MM>100)

OPN = OVER LOADED PARTICULATE - MAY HAVE NEG. BIAS, OPFP = OVER LOADED PARTICULATE AND FIBERS - MAY HAVE POS. BIAS.

ANALYST:

*La Rotta*


# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

CLIENT:	CST ENVIRONMENTAL 2100 E. Via Burton Street Anaheim, CA 92806	DOHS CERTIFICATION NO. 1969
WORK SITE:	McDonnell Douglas	REPORT DATE: 12/12/96
ANALYSIS:	FIBERS (>5 MICRONS LONG) ON 25mm FILTERS	SAMPLE(S) RECEIVED: 12/11/96
METHOD:	PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD	SAMPLE(S) TAKEN: 12/10/96
		ECOLOGICS LABORATORY NO: 612015
		CLIENT PROJECT NO: 97-109
		CLIENT PURCHASE ORDER NO: A10008
		NO. OF SAMPLE(S) ANALYZED: 3

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
TN1 Hernandez, Mauricio 624-46-5392	Bag out Bldg. #29	612015-01A	470	1175	5	100	<7.6 #2	<0.002	0.002
TN2 Enriquez, Angel 611-34-8597	STEL	612015-02A	30	75	1	100	<7.6 #2	<0.039	0.039
TN3	Field	612015-03A	BLANK	BLANK	0	100	0.0	N/A	N/A

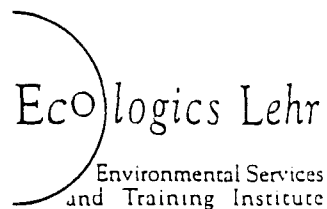
  
Allen Hlavacek  
LABORATORY MANAGER

12/12/96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- \* PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- \* > = greater than / < = less than
- 1/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- 2: Detection limit based on minimum fiber count.

# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

**CLIENT:** CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

REPORT DATE: 12/12/96  
SAMPLE(S) RECEIVED: 12/11/96  
SAMPLE(S) TAKEN: 12/09/96  
ECOLOGICS LABORATORY NO: 612016  
CLIENT PROJECT NO: 97-109  
CLIENT PURCHASE ORDER NO: A10008  
NO. OF SAMPLE(S) ANALYZED: 3

**WORK SITE:** McDonnell Douglas

**ANALYSIS:** FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

**METHOD:** PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
TN1 Garza, Joelesio 567-19-4115	Bag flooring Bldg. #29	612016-01A	435	1087	5	100	<7.6 #2	<0.003	0.003
TN2	STEL	612016-02A	30	75	7	100	8.9	0.046	0.039
TN3	Field	612016-03A	BLANK	BLANK	0	100	0.0	N/A	N/A

  
Allen Hlavacek  
LABORATORY MANAGER

12/12/96  
/ DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- \* Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- > = greater than / < = less than
- N/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- #2: Detection limit based on minimum fiber count.

# Ecologics Asbestos Laboratory Services

Ecologics Lehr  
Environmental Services  
and Training Institute

## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

WORK SITE: McDonnell Douglas

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

REPORT DATE: 12/12/96  
SAMPLE(S) RECEIVED: 12/11/96  
SAMPLE(S) TAKEN: 12/06/96  
ECOLOGICS LABORATORY NO: 612017  
CLIENT PROJECT NO: 97-109  
CLIENT PURCHASE ORDER NO: A10008  
NO. OF SAMPLE(S) ANALYZED: 3

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
TN1 Takushi, Thomas 575-78-0385	Wrapping asbestos Bldg. #29	612017-01A	460	1150	10	100	12.7	0.004	0.003
TN2 Ortiz, Jose	Wrapping asbestos STEL	612017-02A	30	75	0	100	<7.6 #2	<0.039	0.039
TN3	Field	612017-03A	BLANK	BLANK	0	100	0.0	N/A	N/A

  
Allen Hlavacek  
LABORATORY MANAGER

12/12/96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- \* PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- \* Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- \* > = greater than / < = less than
- ∕A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- #2: Detection limit based on minimum fiber count.



# Ecologics Asbestos Laboratory Services

Ecologics Lehr  
Environmental Services  
and Training Institute

## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

WORK SITE: McDonnell Douglas

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

REPORT DATE: 12/12/96  
SAMPLE(S) RECEIVED: 12/11/96  
SAMPLE(S) TAKEN: 12/05/96  
ECOLOGICS LABORATORY NO: 612018  
CLIENT PROJECT NO: 97-109A  
CLIENT PURCHASE ORDER NO: A10008  
NO. OF SAMPLE(S) ANALYZED: 2

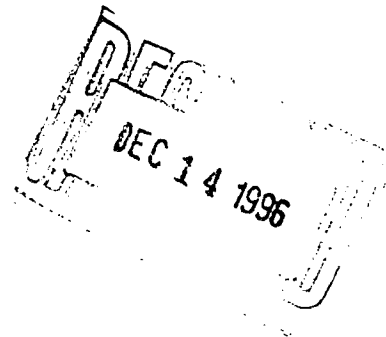
CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
TN1 Enriquez, Angel 611-34-8597	Wrapping asbestos Bldg. #37	612018-01A	450	1125	1	100	<7.6 #2	<0.003	0.003
TN2	Field	612018-02A	BLANK	BLANK	0	100	0.0	N/A	N/A

  
Allen Hlavacek  
LABORATORY MANAGER

12/12/96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- > = greater than / < = less than
- //A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- #2: Detection limit based on minimum fiber count.



# EDM ENVIRONMENTAL DATA MANAGEMENT

4B-8 VILLAGE LOOP ROAD, POMONA, CA 91766 PHONE : 909-865-7550

REPORT DATE : 12/17/96

P.O. # A 10017 ✓

REPORT FOR CST, INC. JOB # 97-109A

WORK SITE : Mc DONNELL DOUGLAS, 1412 190TH STREET, TORRANCE, CA

## AIR SAMPLE ANALYSES : NIOSH 7400 METHOD

DATE TAKEN FIELD ID LAB. ID	SAMPLE AREA SAMPLE TYPE WORK IN PROGRESS	SAMPLE LOCATION  FOR OBZ : NAME FOR OBZ : SS.	OBZ EXPO. TIME MIN.	START SAMPLE END SAMPLE	FLOW RATE LPM  VOLUME (L)	FIBERS  FIELDS	F/CC  TWA	LOD	COMMENTS
12/02/96 1 96EDM6374	IWA OBZ ABATE	WRAPPING - BUILDING 37 ALBERTO CARRILLO 576-98-4538	185	11:15  2:20	2.5  463	25  100	0.026  0.010	0.011	
12/02/96 2 96EDM6375	IWA OBZ ABATE	30 SECONDS SAMPLE				4  100			
12/03/96 1 96EDM6377	IWA OBZ ABATE	TRANSITE REMOVAL BLDG. 27 & 23 ANTHONY STUBER 545-47-1101	210	10:15  1:45	2.5  525	18  100	0.017  0.007	0.010	
12/02/96 2 96EDM6378	IWA OBZ ABATE	30 SECONDS SAMPLE				3  100			
12/04/96 1 96EDM6379	IWA OBZ ABATE	WRAPPING - BUILDING 37 MAURICIO HENRIQUEZ 534-06-8576	410	7:15  2:05	2.5  1025	30  100	0.014  0.012	0.045	
12/04/96 2 96EDM6380	IWA OBZ ABATE	30 SECONDS SAMPLE				4  100			
12/11/96 1 96EDM6381	IWA OBZ ABATE	FINAL CLEANING , BAG UP-CONTAIN. ANGEL ENRIQUEZ 611-34-8597	300	6:15  11:15	1.8  540	25  100	0.023  0.014	0.009	
12/11/96 2 96EDM6382	IWA OBZ ABATE	BAG OUT - INSIDE CONTAINMENT ANGEL ENRIQUEZ 611-34-8597	120	12:30  2:30	1.8  216	15  100	0.034  0.008	0.027	

IWA = INSIDE WORK AREA, OWA = OUTSIDE WORK AREA, OBZ = OPERATOR BREATHING ZONE, LOD = LIMIT OF DETECTION, LOQ = LIMIT OF QUANTIFICATION

UFP = UNDER LOADED FIBERS - MAY HAVE POSITIVE BIAS (F/MM < 100), OFN = OVER LOADED FIBERS - MAY HAVE NEG. BIAS (F/MM > 100)

OPN = OVER LOADED PARTICULATE - MAY HAVE NEG. BIAS, OPFP = OVER LOADED PARTICULATE AND FIBERS - MAY HAVE POS. BIAS.

ANALYST:

*John P. Thiele*

# EDM ENVIRONMENTAL DATA MANAGEMENT

4B-8 VILLAGE LOOP ROAD, POMONA, CA 91766 PHONE : 909-865-7550

REPORT FOR CST, INC. JOB # 97-109A

WORK SITE : Mc DONNEL DOUGLAS, TORRANCE, CA

REPORT DATE : 11/22/96

P.O. # A 9943

## AIR SAMPLE ANALYSES : NIOSH 7400 METHOD

DATE TAKEN FIELD ID LAB. ID	SAMPLE AREA SAMPLE TYPE WORK IN PROGRESS	SAMPLE LOCATION  FOR OBZ : NAME FOR OBZ : SS.	OBZ EXPO. TIME MIN.	START SAMPLE END SAMPLE	FLOW RATE LPM  VOLUME (L)	FIBERS  FIELDS	F/CC  TWA	LOD	COMMENTS
11/21/96 1 96EDM5716	IWA OBZ ABATE	REMOVAL OF PIPING & GLOVE BAG MAURICIO HANRIQUEZ 534-06-8576	345	7:15  2:00	2.5  863	34  100	0.019  0.014	0.005	
11/21/96 2 96EDM5717	IWA OBZ ABATE	30 SECONDS SAMPLE - FIELD				3  100			

IWA = INSIDE WORK AREA, OWA = OUTSIDE WORK AREA, OBZ = OPERATOR BREATHING ZONE, LOD = LIMIT OF DETECTION, LOQ = LIMIT OF QUANTIFICATION

UFP = UNDER LOADED FIBERS - MAY HAVE POSITIVE BIAS (F/MM<100), OFN = OVER LOADED FIBERS - MAY HAVE NEG. BIAS (F/MM>100)

OPN = OVER LOADED PARTICULATE - MAY HAVE NEG. BIAS, OPFP = OVER LOADED PARTICULATE AND FIBERS - MAY HAVE POS. BIAS.

ANALYST:

*John Paltuta*

# Advanced Environmental Solutions



## BULK SAMPLE ANALYSIS REPORT

### POLARIZED LIGHT MICROSCOPY DISPERSION STAINING

CLIENT: CST,P.O.#A-9940,JOB#97-109A

REPORT DATE: 11-22-1996

SITE: M.D. BLDG. 37

FIELD NUMBER LAB NUMBER	LOCATION MATERIAL SAMPLED	TYPE AND PERCENT OF ASBESTOS		OTHER MATERIALS IN SAMPLE FIBROUS(DESCP,%)   NON FIBROUS	
1 96AES-1808	ROOF  ROOFING	CHRYSTILE AMOSITE OTHER TYPE: TRACE FOUND IN DUST TOTAL ASB	<1 ND ND  <1	3% CELLULOSE   COMMENTS:	BINDER TAR AGGREGATE
SAMPLING DATE: 11-20-1996		ANALYSIS DATE: 11-20-1996			
2 96AES-1809	ROOF  ROOFING	CHRYSTILE AMOSITE OTHER TYPE: TOTAL ASB	ND ND ND  ND	2% CELLULOSE  COMMENTS:	BINDER TAR AGGREGATE
SAMPLING DATE: 11-20-1996		ANALYSIS DATE: 11-20-1996			
3 96AES-1810	ROOF  ROOFING	CHRYSTILE AMOSITE OTHER TYPE: TOTAL ASB	ND ND ND  ND	2% CELLULOSE 1% MINERAL WOOL COMMENTS:	BINDER TAR QUARTZ
SAMPLING DATE: 11-20-1996		ANALYSIS DATE: 11-20-1996			

ANALYST 

REFER TO THE ATTACHED "BULK SAMPLE ANALYSES: ASBESTOS" SHEET FOR AN EXPLANATION OF RESULTS.

# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

**CLIENT:** CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

**REPORT DATE:** 11/20/96  
**SAMPLE(S) RECEIVED:** 11/19/96  
**SAMPLE(S) TAKEN:** 11/15/96  
**ECOLOGICS LABORATORY NO:** 611045  
**CLIENT PROJECT NO:** 97-109A  
**CLIENT PURCHASE ORDER NO:** A9928  
**NO. OF SAMPLE(S) ANALYZED:** 4

**WORK SITE:** McDonnell Douglas

**ANALYSIS:** FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

**METHOD:** PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Cota, Hector 622-95-7654	Tile & mastic removal bag out interior Bldg. #29	611045-01A	225	450	0	100	<7.6 #2	<0.007	0.007
02 Vega, Oscar 621-09-6574	Tile & mastic removal, detail interior Bldg. #29	611045-02A	120	240	0	100	<7.6 #2	<0.012	0.012
03	Field	611045-03A	BLANK	BLANK	0	100	0.0	N/A	N/A
04	Lot	611045-04A	BLANK	BLANK	0	100	0.0	N/A	N/A

  
Allen Hlavacek  
LABORATORY MANAGER

11/20/96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- \* Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- > = greater than / < = less than
- N/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- #2: Detection limit based on minimum fiber count.

# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

REPORT DATE: 11/18/96  
SAMPLE(S) RECEIVED: 11/15/96  
SAMPLE(S) TAKEN: 11/14/96  
ECOLOGICS LABORATORY NO: 611040  
CLIENT PROJECT NO: 97-109A  
CLIENT PURCHASE ORDER NO: A9916  
NO. OF SAMPLE(S) ANALYZED: 4

WORK SITE: McDonnell Douglas

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Palencia, Manuel 553-99-7170	Floor tile & mastic removal Interior Bldg. #29	611040-01A	300	600	0	100	<7.6 #2	<0.005	0.005
02 Vega, Fernando 550-45-0434	Floor tile & mastic removal Interior Bldg. #29	611040-02A	145	290	0	100	<7.6 #2	<0.010	0.010
03	Field	611040-03A	BLANK	BLANK	0	100	0.0	N/A	N/A
04	Lot	611040-04A	BLANK	BLANK	0	100	0.0	N/A	N/A

  
Allen Hlavacek  
LABORATORY MANAGER

11/18/96  
/DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- \* PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- \* Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- \* > = greater than / < = less than
- N/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- #2: Detection limit based on minimum fiber count.

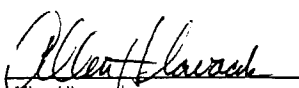
# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

<b>CLIENT:</b> CST ENVIRONMENTAL 2100 E. Via Burton Street Anaheim, CA 92806		<b>DOHS CERTIFICATION NO.</b> 1969
<b>WORK SITE:</b> McDonnell Douglas		<b>REPORT DATE:</b> 11/18/96
<b>ANALYSIS:</b> FIBERS (>5 MICRONS LONG) ON 25mm FILTERS		<b>SAMPLE(S) RECEIVED:</b> 11/15/96
<b>METHOD:</b> PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD		<b>SAMPLE(S) TAKEN:</b> 11/13/96
		<b>ECOLOGICS LABORATORY NO:</b> 611039
		<b>CLIENT PROJECT NO:</b> 97-109A
		<b>CLIENT PURCHASE ORDER NO:</b> A9918
		<b>NO. OF SAMPLE(S) ANALYZED:</b> 4

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Hernandez, Angel 611-34-8597	Main area floor tile Bldg. #29	611039-01A	240	480	0	100	<7.6 #2	<0.006	0.006
02 Palencia, Manuel 553-99-7170	Main area floor tile bag out Bldg. #29	611039-02A	135	270	0	100	<7.6 #2	<0.011	0.011
03	Field	611039-03A	BLANK	BLANK	0	100	0.0	N/A	N/A
04	Lot	611039-04A	BLANK	BLANK	0	100	0.0	N/A	N/A

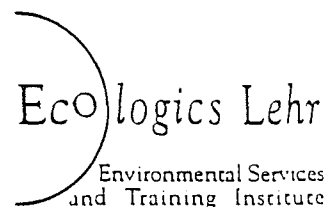
  
Allen Hlavacek  
LABORATORY MANAGER

11/18/96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- \* PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- \* > = greater than / < = less than
- N/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- #2: Detection limit based on minimum fiber count.

# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

WORK SITE: McDonnell Douglas

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

REPORT DATE: 11/14/96  
SAMPLE(S) RECEIVED: 11/13/96  
SAMPLE(S) TAKEN: 11/12/96  
ECOLOGICS LABORATORY NO: 611034  
CLIENT PROJECT NO: 97-109A  
CLIENT PURCHASE ORDER NO: A9906  
NO. OF SAMPLE(S) ANALYZED: 2

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Fernandez, Mauricio 624-46-5392	V.A.T. removal interior Bldg. #29	611034-01A	240	480	4	100	<7.6 #2	<0.006	0.006
02	Field	611034-02A	BLANK	BLANK	0	100	0.0	N/A	N/A

Allen Hlavacek  
LABORATORY MANAGER

11/14/96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- \* PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- \* > = greater than / < = less than
- N/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- 2: Detection limit based on minimum fiber count.



# Ecologics Asbestos Laboratory Services

Ecologics Lehr  
Environmental Services  
and Training Institute

## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

WORK SITE: McDonnell Douglas

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

REPORT DATE: 11/13/96

SAMPLE(S) RECEIVED: 11/12/96

SAMPLE(S) TAKEN: 11/11/96

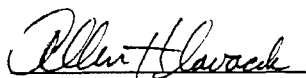
ECOLOGICS LABORATORY NO: 611032

CLIENT PROJECT NO: 97-109A

CLIENT PURCHASE ORDER NO: A9903

NO. OF SAMPLE(S) ANALYZED: 4

CLIENT SAMPLE D NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Dolbric, Spaso 152-76-9968	Roofing removal roof Bldg. #29	611032-01A	180	360	0	100	<7.6 #2	<0.008	0.008
02 Velasco, Domingo 620-16-8653	Floor tile removal area #2 Bldg. #29	611032-02A	210	420	0	100	<7.6 #2	<0.007	0.007
03	Field	611032-03A	BLANK	BLANK	0	100	0.0	N/A	N/A
04	Lot	611032-04A	BLANK	BLANK	0	100	0.0	N/A	N/A



Allen Hlavacek

LABORATORY MANAGER

11/13/96  
DATE

### NOTE:

\* Fibers smaller than 0.3 microns in diameter are not detected by PCM.

PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.

\* Fibers/mm<sup>2</sup> = fibers per square millimeter.

\* Fibers/cc = fibers per cubic centimeter of air.

> = greater than / < = less than

/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.

#2: Detection limit based on minimum fiber count.

# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

WORK SITE: McDonnell Douglas

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

REPORT DATE: 11/13/96  
SAMPLE(S) RECEIVED: 11/12/96  
SAMPLE(S) TAKEN: 11/09/96  
ECOLOGICS LABORATORY NO: 611033  
CLIENT PROJECT NO: 97-109A  
CLIENT PURCHASE ORDER NO: A9903  
NO. OF SAMPLE(S) ANALYZED: 4

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Hernandez, Angel 611-34-8597	Fireproof removal south bay 1st floor Bldg. #37	611033-01A	240	480	0	100	<7.6 #2	<0.006	0.006
02 Perez, Norman 683-86-8622	Floor tile removal interior Bldg. #29	611033-02A	225	450	0	100	<7.6 #2	<0.007	0.007
03	Field	611033-03A	BLANK	BLANK	0	100	0.0	N/A	N/A
04	Lot	611033-04A	BLANK	BLANK	0	100	0.0	N/A	N/A

Allen Hlavacek  
LABORATORY MANAGER

11/13/96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- \* PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- \* Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- \* > = greater than / < = less than
- \* N/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- \* #2: Detection limit based on minimum fiber count.

# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

WORK SITE: McDonnell Douglas

REPORT DATE: 11/12/96  
SAMPLE(S) RECEIVED: 11/11/96  
SAMPLE(S) TAKEN: 11/07/96  
ECOLOGICS LABORATORY NO: 611030  
CLIENT PROJECT NO: 97-109A  
CLIENT PURCHASE ORDER NO: A9895  
NO. OF SAMPLE(S) ANALYZED: 5

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Hernandez, Angel 611-34-8597	Final clean wash down chiller rm. Bldg. #37	611030-01A	120	240	0	100	<7.6 #2	<0.012	0.012
02 Meza, Francisco 603-20-0508	Wash down high bay 1st floor Bldg. #37	611030-02A	120	240	1	100	<7.6 #2	<0.012	0.012
03 Dolbric, Spaso 152-76-9968	Roofing removal exterior Bldg. #29	611030-03A	210	420	0	100	<7.6 #2	<0.007	0.007
04	Field	611030-04A	BLANK	BLANK	0	100	0.0	N/A	N/A
05	Lot	611030-05A	BLANK	BLANK	0	100	0.0	N/A	N/A

Allen Hlavacek

LABORATORY MANAGER

11/12/96  
DATE

### NOTE:

Fibers smaller than 0.3 microns in diameter are not detected by PCM.  
PCM relative standard deviations range from 40 percent at low fiber density  
to 10 percent at high fiber density.

\* Fibers/mm<sup>2</sup> = fibers per square millimeter.

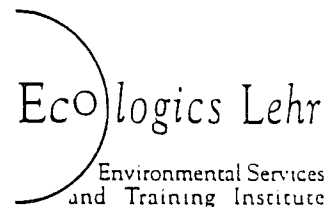
Fibers/cc = fibers per cubic centimeter of air.

> = greater than / < = less than

N/A. Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.

#2: Detection limit based on minimum fiber count.

# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

CLIENT:	CST ENVIRONMENTAL 2100 E. Via Burton Street Anaheim, CA 92806	DOHS CERTIFICATION NO. 1969 REPORT DATE: 11/11/96 SAMPLE(S) RECEIVED: 11/08/96 SAMPLE(S) TAKEN: 11/06/96 ECOLOGICS LABORATORY NO: 611026 CLIENT PROJECT NO: 97-109A CLIENT PURCHASE ORDER NO: A9891 NO. OF SAMPLE(S) ANALYZED: 5
WORK SITE:	McDonnell Douglas	
ANALYSIS:	FIBERS (>5 MICRONS LONG) ON 25mm FILTERS	
METHOD:	PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD	

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Miranda, Fernando 594-69-5849	Final clean bag out high bay Bldg. #37	611026-01A	155	310	7	100	8.9	0.011	0.009
02 Meza, Francisco 603-20-0508	Final clean bag out chiller rm. Bldg. #37	611026-02A	240	480	50	100	63.7	0.051	0.006
03 Dolbric, Spaso 152-76-9968	Roof removal exterior Bldg. #29 roof	611026-03A	270	540	26.5	100	33.8	0.024	0.005
04	Field	611026-04A	BLANK	BLANK	0	100	0.0	N/A	N/A
05	Lot	611026-05A	BLANK	BLANK	0	100	0.0	N/A	N/A

  
Allen Hlavacek  
LABORATORY MANAGER

  
11/14/96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- \* PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- \* Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- > = greater than / < = less than
- /A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.

# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

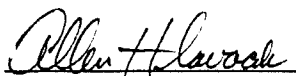
WORK SITE: McDonnell Douglas

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

REPORT DATE: 11/07/96  
SAMPLE(S) RECEIVED: 11/06/96  
SAMPLE(S) TAKEN: 11/05/96  
ECOLOGICS LABORATORY NO: 611019  
CLIENT PROJECT NO: 97-109A  
CLIENT PURCHASE ORDER NO: A9882  
NO. OF SAMPLE(S) ANALYZED: 5

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Miranda, Fernando 594-69-5849	Final clean 1st floor Bldg. #37	611019-01A	205	410	0	100	<7.6 #2	<0.007	0.007
02 Vega, Oscar 621-09-6574	acm abatement chiller rm. Bldg. #37	611019-02A	225	450	100	29	439.3	0.376	0.007
03 Dolbric, Spaso 152-76-9968	Roofing removal Bldg. #29 roof	611019-03A	210	420	0	100	<7.6 #2	<0.007	0.007
04	Field	611019-04A	BLANK	BLANK	0	100	0.0	N/A	N/A
05	Lot	611019-05A	BLANK	BLANK	0	100	0.0	N/A	N/A

  
Allen Hlavacek

LABORATORY MANAGER

11/07/96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- \* PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- \* > = greater than / < = less than
- N/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- ?2: Detection limit based on minimum fiber count.

# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

WORK SITE: McDonnell Douglas

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

REPORT DATE: 11/07/96  
SAMPLE(S) RECEIVED: 11/06/96  
SAMPLE(S) TAKEN: 11/04/96  
ECOLOGICS LABORATORY NO: 611020  
CLIENT PROJECT NO: 97-109A  
CLIENT PURCHASE ORDER NO: A9882  
NO. OF SAMPLE(S) ANALYZED: 3

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Meza, Francisco 603-20-0508	ACM fireproof removal 1st floor Bldg. #37	611020-01A	240	480	0	100	<7.6 #2	<0.006	0.006
02	Field	611020-02A	BLANK	BLANK	121.5	20	773.9 #3	N/A	N/A
03	Lot	611020-03A	BLANK	BLANK	0	100	0.0	N/A	N/A

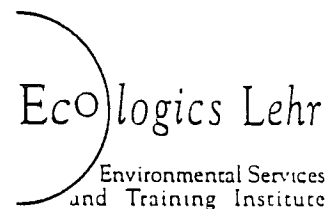
  
Allen Hlavacek  
LABORATORY MANAGER

11/07/96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- \* PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- \* Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- \* > = greater than / < = less than
- N/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- #3: High density on blank sample suggests that filter may have been contaminated prior to laboratory receipt.

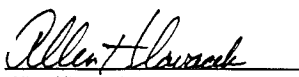
# Ecologics Asbestos Laboratory Services



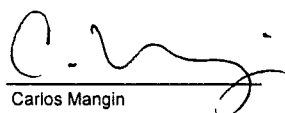
## Certificate of Analysis

CLIENT:	CST ENVIRONMENTAL 2100 E. Via Burton Street Anaheim, CA 92806	DOHS CERTIFICATION NO. 1969
WORK SITE:	McDonnell Douglas	REPORT DATE: 11/05/96
ANALYSIS:	FIBERS (>5 MICRONS LONG) ON 25mm FILTERS	SAMPLE(S) RECEIVED: 11/04/96
METHOD:	PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD	SAMPLE(S) TAKEN: 11/01/96
		ECOLOGICS LABORATORY NO: 611016
		CLIENT PROJECT NO: 96-109A
		CLIENT PURCHASE ORDER NO: A9874
		NO. OF SAMPLE(S) ANALYZED: 7

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Perez, Gustavo 540-91-9801	Roofing removal Bldg. #37	611016-01A	239	478	3	100	<7.6 #2	<0.006	0.006
02 Dominguez, Jose 615-97-8756	Roofing removal Bldg. #37	611016-02A	241	482	2.5	100	<7.6 #2	<0.006	0.006
03 Perez, Gustavo 540-91-9801	Roofing removal Bldg. #37	611016-03A	35	70	1	100	<7.6 #2	<0.042	0.042
04 Dominguez, Jose 615-97-8756	Roofing removal Bldg. #37	611016-04A	35	70	4	100	<7.6 #2	<0.042	0.042
05 Perez, Gustavo 540-91-9801	Roofing removal Bldg. #37	611016-05A	185	370	0	100	<7.6 #2	<0.008	0.008
06 Dominguez, Jose 615-97-8756	Roofing removal Bldg. #37	611016-06A	185	370	3.5	100	<7.6 #2	<0.008	0.008
07	Field	611016-07A	BLANK	BLANK	0	100	0.0	N/A	N/A

  
Allen Hlavacek  
LABORATORY MANAGER

11/05/96  
DATE

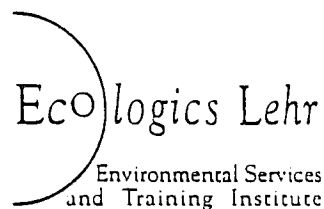
  
Carlos Mangin  
Laboratory Analyst

11-05-96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- > = greater than / < = less than
- N/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- #2: Detection limit based on minimum fiber count.

# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

WORK SITE: McDonnell Douglas

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

REPORT DATE: 11/05/96

SAMPLE(S) RECEIVED: 11/04/96

SAMPLE(S) TAKEN: 11/01/96

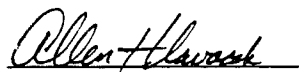
ECOLOGICS LABORATORY NO: 611011

CLIENT PROJECT NO: 97-109A

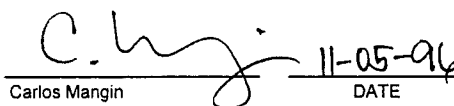
CLIENT PURCHASE ORDER NO: A9872

NO. OF SAMPLE(S) ANALYZED: 5

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Meza, Francisco 603-20-0508	ACM fireproof removal 1st floor Bldg. #37	611011-01A	180	360	3	100	<7.6 #2	<0.008	0.008
02 Lara, Israel 628-38-0175	ACM roof removal, exterior roof Bldg. #37	611011-02A	225	450	0	100	<7.6 #2	<0.007	0.007
03 Garcia, Fidel T. 613-18-2818	Detail clean final visual inspection 4th floor Bldg. #37	611011-03A	240	480	3	100	<7.6 #2	<0.006	0.006
04	Field	611011-04A	BLANK	BLANK	0	100	0.0	N/A	N/A
05	Lot	611011-05A	BLANK	BLANK	0	100	0.0	N/A	N/A

  
Allen Hlavacek  
LABORATORY MANAGER

11/05/96  
DATE

  
Carlos Mangin  
Laboratory Analyst

11-05-96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- \* PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- \* Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- \* > = greater than / < = less than
- \* N/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- \* #2: Detection limit based on minimum fiber count.



# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

**CLIENT:** CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

REPORT DATE: 11/04/96  
SAMPLE(S) RECEIVED: 11/01/96  
SAMPLE(S) TAKEN: 10/31/96  
ECOLOGICS LABORATORY NO: 611002  
CLIENT PROJECT NO: 97-109A  
CLIENT PURCHASE ORDER NO: A9864  
NO. OF SAMPLE(S) ANALYZED: 5

**WORK SITE:** McDonnell Douglas

**ANALYSIS:** FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

**METHOD:** PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Mendez, Mauricio 624-46-5392	ACM fireproof removal hi-bay 1st floor Bldg. #37	611002-01A	180	360	3	100	<7.6 #2	<0.008	0.008
02 Mendez, Jesus 657-67-5678	Exterior roof removal Bldg. #37 roof	611002-02A	240	480	2	100	<7.6 #2	<0.006	0.006
03 Dolbric, Spaso 152-76-9968	Exterior roof removal Bldg. #29 roof	611002-03A	180	360	5.5	100	<7.6 #2	<0.008	0.008
04	Field	611002-04A	BLANK	BLANK	0	100	0.0	N/A	N/A
05	Lot	611002-05A	BLANK	BLANK	0	100	0.0	N/A	N/A

Allen Hlavacek  
LABORATORY MANAGER

11/04/96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- \* Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- > = greater than / < = less than
- UA: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- #2: Detection limit based on minimum fiber count.

# Ecologics Asbestos Laboratory Services

Ecologics Lehr  
Environmental Services  
and Training Institute

## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

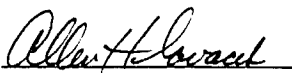
WORK SITE: McDonnell Douglas

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

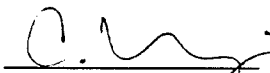
METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

REPORT DATE: 11/05/96  
SAMPLE(S) RECEIVED: 11/04/96  
SAMPLE(S) TAKEN: 10/31/96  
ECOLOGICS LABORATORY NO: 611015  
CLIENT PROJECT NO: 96-109A  
CLIENT PURCHASE ORDER NO: A9874  
NO. OF SAMPLE(S) ANALYZED: 7

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Chavez, Efrain 623-12-9087	Roofing removal Bldg. #37	611015-01A	240	480	3	100	<7.6 #2	<0.006	0.006
02 Garcia, Luis 666-02-8472	Roofing removal Bldg. #37	611015-02A	240	480	2	100	<7.6 #2	<0.006	0.006
03 Chavez, Efrain 623-12-9087	Roofing removal Bldg. #37	611015-03A	30	60	4	100	<7.6 #2	<0.049	0.049
04 Garcia, Luis 666-02-8472	Roofing removal Bldg. #37	611015-04A	32	64	2	100	<7.6 #2	<0.046	0.046
05 Chavez, Efrain 623-12-9087	Roofing removal Bldg. #37	611015-05A	180	360	0	100	<7.6 #2	<0.008	0.008
06 Garcia, Luis 666-02-8472	Roofing removal Bldg. #37	611015-06A	180	360	1	100	<7.6 #2	<0.008	0.008
07	Field	611015-07A	BLANK	BLANK	0	100	0.0	N/A	N/A

  
Allen Hlavacek  
LABORATORY MANAGER

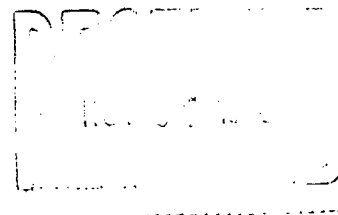
11/05/96  
DATE

  
Carlos Mangin  
Laboratory Analyst

11-05-96  
DATE

### NOTE:

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- PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
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- \* Fibers/cc = fibers per cubic centimeter of air.
- > = greater than / < = less than
- N/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- #2: Detection limit based on minimum fiber count.



# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

REPORT DATE: 11/01/96  
SAMPLE(S) RECEIVED: 10/31/96  
SAMPLE(S) TAKEN: 10/30/96  
ECOLOGICS LABORATORY NO: 610070  
CLIENT PROJECT NO: 97-109A  
CLIENT PURCHASE ORDER NO: A9859  
NO. OF SAMPLE(S) ANALYZED: 5

WORK SITE: McDonnell Douglas

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

CLIENT SAMPLE D NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Miranda, Fernando 594-69-5849	ACM fireproof removal 1st floor Bldg. #37	610070-01A	190	380	0	100	<7.6 #2	<0.008	0.008
02 Hernandez, Jorge 524-15-3243	Mastic removal bag out 4th floor Bldg. #37	610070-02A	195	390	0	100	<7.6 #2	<0.008	0.008
03 Asis, Navarro 615-60-0487	Mastic removal S stairwell Bldg. #37	610070-03A	210	240	0	100	<7.6 #2	<0.012	0.012
04	Field	610070-04A	BLANK	BLANK	0	100	0.0	N/A	N/A
05	Lot	610070-05A	BLANK	BLANK	0	100	0.0	N/A	N/A

Allen Hlavacek  
LABORATORY MANAGER

11/01/96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- \* Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- > = greater than / < = less than
- N/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- #2: Detection limit based on minimum fiber count.

# Ecologics Asbestos Laboratory Services

Ecologics Lehr

Environmental Services  
and Training Institute

## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

**CLIENT:** CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

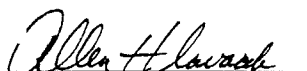
**WORK SITE:** McDonnell Douglas

**REPORT DATE:** 11/05/96  
**SAMPLE(S) RECEIVED:** 11/04/96  
**SAMPLE(S) TAKEN:** 10/29/96  
**ECOLOGICS LABORATORY NO:** 611014  
**CLIENT PROJECT NO:** 96-109A  
**CLIENT PURCHASE ORDER NO:** A9874  
**NO. OF SAMPLE(S) ANALYZED:** 7


**ANALYSIS:** FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

**METHOD:** PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Lara, Efrain 646-95-7435	Roofing removal Bldg. #37	611014-01A	242	484	5.5	100	<7.6 #2	<0.006	0.006
02 Lara, Israel 628-38-0175	Roofing removal Bldg. #37	611014-02A	243	486	0	100	<7.6 #2	<0.006	0.006
03 Lara, Efrain 646-95-7435	Roofing removal Bldg. #37	611014-03A	35	70	1	100	<7.6 #2	<0.042	0.042
04 Lara, Israel 628-38-0175	Roofing removal Bldg. #37	611014-04A	33	66	5	100	<7.6 #2	<0.044	0.044
05 Lara, Efrain 646-95-7435	Roofing removal Bldg. #37	611014-05A	181	362	0	100	<7.6 #2	<0.008	0.008
06 Lara, Israel 628-38-0175	Roofing removal Bldg. #37	611014-06A	182	364	0	100	<7.6 #2	<0.008	0.008
07	Field	611014-07A	BLANK	BLANK	0	100	0.0	N/A	N/A

  
Allen Hlavacek  
LABORATORY MANAGER

11/05/96  
DATE

  
Carlos Mangin  
Laboratory Analyst

11-05-96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- \* Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- > = greater than / < = less than
- N/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- #2: Detection limit based on minimum fiber count.

# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

WORK SITE: McDonnell Douglas

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

REPORT DATE: 10/31/96  
SAMPLE(S) RECEIVED: 10/30/96  
SAMPLE(S) TAKEN: 10/29/96  
ECOLOGICS LABORATORY NO: 610066  
CLIENT PROJECT NO: 97-109A  
CLIENT PURCHASE ORDER NO: A9844  
NO. OF SAMPLE(S) ANALYZED: 6

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Perez, Norman 683-86-8622	ACM fireproof removal 1st floor Bldg. #37	610066-01A	170	340	1	100	<7.6 #2	<0.009	0.009
02 Sagastimo, Esteban 618-58-9007	ACM fireproof removal 1st floor Bldg. #37	610066-02A	135	270	100	35	364.0	0.519	0.011
03 Hernandez, Jorge 524-15-3243	Mastic removal 4th floor Bldg. #37	610066-03A	145	290	0	100	<7.6 #2	<0.010	0.010
04 Perez, Camilo 629-09-1275	Exterior roof removal S roof Bldg. #37	610066-04A	240	480	0	100	<7.6 #2	<0.006	0.006
05	Field	610066-05A	BLANK	BLANK	0	100	0.0	N/A	N/A
06	Lot	610066-06A	BLANK	BLANK	0	100	0.0	N/A	N/A

Allen Hlavacek  
LABORATORY MANAGER

10/31/96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.  
PCM relative standard deviations range from 40 percent at low fiber density  
to 10 percent at high fiber density.
- \* Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.  
> = greater than / < = less than
- N/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- #2: Detection limit based on minimum fiber count.

# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

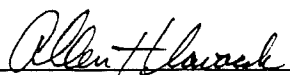
WORK SITE: McDonnell Douglas

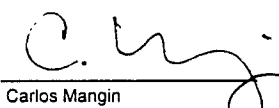
ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

REPORT DATE: 11/05/96  
SAMPLE(S) RECEIVED: 11/04/96  
SAMPLE(S) TAKEN: 10/28/96  
ECOLOGICS LABORATORY NO: 611013  
CLIENT PROJECT NO: 96-109A  
CLIENT PURCHASE ORDER NO: A9874  
NO. OF SAMPLE(S) ANALYZED: 3

CLIENT SAMPLE D NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Perez, Jorge 606-58-8078	Roofing removal Bldg. #37	611013-01A	240	480	6.5	100	8.3	0.007	0.006
02 Avila, Martin 606-18-4913	Roofing removal Bldg. #37	611013-02A	240	480	2	100	<7.6 #2	<0.006	0.006
03	Field	611013-03A	BLANK	BLANK	0	100	0.0	N/A	N/A

  
Allen Hlavacek  
LABORATORY MANAGER

  
11/05/96  
DATE

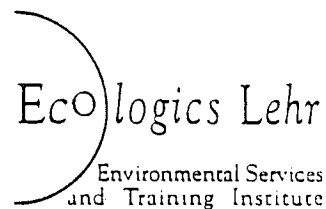
Carlos Mangin  
Laboratory Analyst

11-05-96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- \* Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- > = greater than / < = less than
- N/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- #2: Detection limit based on minimum fiber count.

# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

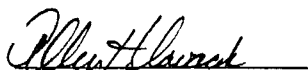
CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

WORK SITE: McDonnell Douglas

REPORT DATE: 10/31/96  
SAMPLE(S) RECEIVED: 10/30/96  
SAMPLE(S) TAKEN: 10/28/96  
ECOLOGICS LABORATORY NO: 610063  
CLIENT PROJECT NO: 97-109A  
CLIENT PURCHASE ORDER NO: A9844  
NO. OF SAMPLE(S) ANALYZED: 5

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS  
METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

CLIENT SAMPLE D NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Sandoval, Fortino 650-07-1811	ACM roof removal south roof Bldg. #37	610063-01A	195	390	100	35	364.0	0.359	0.008
02 Rosales, Hector 564-91-9876	V.A.T. & mastic 4th floor Bldg. #37	610063-02A	210	420	0	100	<7.6 #2	<0.007	0.007
03 Vega, Oscar 621-09-6574	ACM window puddy removal Bldg. #37 windows	610063-03A	150	300	0	100	<7.6 #2	<0.010	0.010
04	Field	610063-04A	BLANK	BLANK	0	100	0.0	N/A	N/A
05	Lot	610063-05A	BLANK	BLANK	0	100	0.0	N/A	N/A

  
Allen Hlavacek  
LABORATORY MANAGER

10/31/96  
DATE

### NOTE:

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- PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- \* Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- > = greater than / < = less than
- I/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- #2: Detection limit based on minimum fiber count.

# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

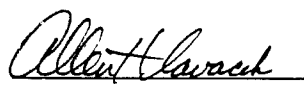
REPORT DATE: 10/31/96  
SAMPLE(S) RECEIVED: 10/30/96  
SAMPLE(S) TAKEN: 10/26/96  
ECOLOGICS LABORATORY NO: 610065  
CLIENT PROJECT NO: 97-109A  
CLIENT PURCHASE ORDER NO: A9844  
NO. OF SAMPLE(S) ANALYZED: 3

WORK SITE: McDonnell Douglas

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Lara, Israel 628-38-0175	Exterior roof removal roof S side Bldg.#37	610065-01A	240	480	0	100	<7.6 #2	<0.006	0.006
02	Field	610065-02A	BLANK	BLANK	0	100	0.0	N/A	N/A
03	Lot	610065-03A	BLANK	BLANK	0	100	0.0	N/A	N/A

  
Allen Hlavacek

LABORATORY MANAGER

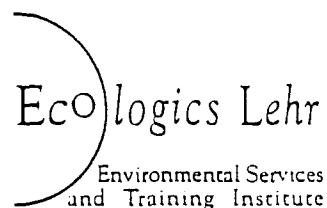
10/31/96  
DATE

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- \* Fibers/cc = fibers per cubic centimeter of air.
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- N/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- #2: Detection limit based on minimum fiber count.



# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

WORK SITE: McDonnell Douglas

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

REPORT DATE: 11/05/96  
SAMPLE(S) RECEIVED: 11/04/96  
SAMPLE(S) TAKEN: 10/26/96  
ECOLOGICS LABORATORY NO: 611012  
CLIENT PROJECT NO: 97-109A  
CLIENT PURCHASE ORDER NO: A9874  
NO. OF SAMPLE(S) ANALYZED: 7

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Lara, Israel 628-38-0175	Roofing removal Bldg. #37	611012-01A	240	480	2	100	<7.6 #2	<0.006	0.006
02 Avila, Martin 606-18-4913	Roofing removal Bldg. #37	611012-02A	240	480	1	100	<7.6 #2	<0.006	0.006
03 Lara, Israel 628-38-0175	Roofing removal Bldg. #37	611012-03A	180	360	1.5	100	<7.6 #2	<0.008	0.008
04 Avila, Martin 606-18-4913	Roofing removal Bldg. #37	611012-04A	180	360	1.5	100	<7.6 #2	<0.008	0.008
05 Lara, Israel 628-38-0175	Roofing removal Bldg. #37	611012-05A	30	60	3	100	<7.6 #2	<0.049	0.049
06 Avila, Martin 606-18-4913	Roofing removal Bldg. #37	611012-06A	30	60	4.5	100	<7.6 #2	<0.049	0.049
07	Field	611012-07A	BLANK	BLANK	0	100	0.0	N/A	N/A

Allen Hlavacek  
LABORATORY MANAGER

11/05/96  
DATE

Carlos Mangin  
Laboratory Analyst

11-05-96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- \* Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- > = greater than / < = less than
- I/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- #2: Detection limit based on minimum fiber count.

# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

**CLIENT:** CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

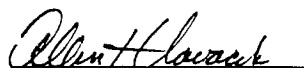
**REPORT DATE:** 10/31/96  
**SAMPLE(S) RECEIVED:** 10/30/96  
**SAMPLE(S) TAKEN:** 10/25/96  
**ECOLOGICS LABORATORY NO:** 610064  
**CLIENT PROJECT NO:** 97-109A  
**CLIENT PURCHASE ORDER NO:** A9844  
**NO. OF SAMPLE(S) ANALYZED:** 5

**WORK SITE:** McDonnell Douglas

**ANALYSIS:** FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

**METHOD:** PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Rivas, Douglas 611-18-8459	Detail clean & bag out 4th floor Bldg. #37	610064-01A	240	480	0	100	<7.6 #2	<0.006	0.006
02 Domingo, Joe 615-97-8756	Roofing field N & S roofs Bldg. #37	610064-02A	155	310	0	100	<7.6 #2	<0.009	0.009
03 Nunez, Mauro 679-89-4735	Asbestos & window puddly exterior Bldg. #37	610064-03A	195	390	0	100	<7.6 #2	<0.008	0.008
04	Field	610064-04A	BLANK	BLANK	0	100	0.0	N/A	N/A
05	Lot	610064-05A	BLANK	BLANK	0	100	0.0	N/A	N/A

  
Allen Hlavacek  
LABORATORY MANAGER

10/31/96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- \* PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- \* Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- \* > = greater than / < = less than
- \* N/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- \* #2: Detection limit based on minimum fiber count.

# Ecologics Asbestos Laboratory Services

Ecologics Lehr  
Environmental Services  
and Training Institute

## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

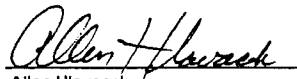
REPORT DATE: 11/05/96  
SAMPLE(S) RECEIVED: 11/04/96  
SAMPLE(S) TAKEN: 10/25/96  
ECOLOGICS LABORATORY NO: 611009  
CLIENT PROJECT NO: 96-109A  
CLIENT PURCHASE ORDER NO: A9874  
NO. OF SAMPLE(S) ANALYZED: 7

WORK SITE: McDonnell Douglas

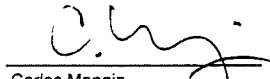
ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Mendez, Jesus 657-67-5678	West roofing removal Bldg. #37	611009-01A	240	480	3	100	<7.6 #2	<0.006	0.006
02 Perez, Jorge 606-58-8078	Roofing removal Bldg. #37	611009-02A	240	480	2.5	100	<7.6 #2	<0.006	0.006
03 Mendez, Jesus 657-67-5678	Roofing removal Bldg. #37	611009-03A	180	360	1.5	100	<7.6 #2	<0.008	0.008
04 Perez, Jorge 606-58-8078	Roofing removal Bldg. #37	611009-04A	180	360	1	100	<7.6 #2	<0.008	0.008
05 Mendez, Jesus 657-67-5678	Roofing removal Bldg. #37	611009-05A	30	60	1	100	<7.6 #2	<0.049	0.049
06 Perez, Jorge 606-58-8078	Roofing removal Bldg. #37	611009-06A	30	60	2	100	<7.6 #2	<0.049	0.049
07	Field	611009-07A	BLANK	BLANK	0	100	0.0	N/A	N/A

  
Allen Hlavacek  
LABORATORY MANAGER

11/05/96  
DATE

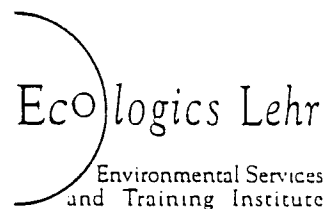
  
Carlos Mangin  
Laboratory Analyst

11-05-96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- \* PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- \* Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- \* > = greater than / < = less than
- N/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- #2: Detection limit based on minimum fiber count.

# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

WORK SITE: McDonnell Douglas

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

REPORT DATE: 11/05/96

SAMPLE(S) RECEIVED: 11/04/96

SAMPLE(S) TAKEN: 10/24/96

ECOLOGICS LABORATORY NO: 611010

CLIENT PROJECT NO: 96-109A

CLIENT PURCHASE ORDER NO: A9874

NO. OF SAMPLE(S) ANALYZED: 7

CLIENT SAMPLE D NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Chavez, Efrain 623-12-9087	East roofing removal Bldg. #37	611010-01A	240	480	8.5	100	10.8	0.009	0.006
02 Sandoval, Fortino 650-07-1811	Roofing removal Bldg. #37	611010-02A	240	480	9.5	100	12.1	0.010	0.006
03 Chavez, Efrain 623-12-9087	Roofing removal Bldg. #37	611010-03A	180	360	2	100	<7.6 #2	<0.008	0.008
04 Sandoval, Fortino 650-07-1811	Roofing removal Bldg. #37	611010-04A	180	360	1	100	<7.6 #2	<0.008	0.008
05 Chavez, Efrain 623-12-9087	Roofing removal Bldg. #37	611010-05A	30	60	3.5	100	<7.6 #2	<0.049	0.049
06 Sandoval, Fortino 650-07-1811	Roofing removal Bldg. #37	611010-06A	30	60	4	100	<7.6 #2	<0.049	0.049
07	Field	611010-07A	BLANK	BLANK	0	100	0.0	N/A	N/A

Allen Hlavacek  
LABORATORY MANAGER

11/05/96  
DATE

Carlos Mangin  
Laboratory Analyst

11-05-96  
DATE

### NOTE:

\* Fibers smaller than 0.3 microns in diameter are not detected by PCM.

PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.

\* Fibers/mm<sup>2</sup> = fibers per square millimeter.

\* Fibers/cc = fibers per cubic centimeter of air.

> = greater than / < = less than

I/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.

#2: Detection limit based on minimum fiber count.

# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

REPORT DATE: 10/28/96  
SAMPLE(S) RECEIVED: 10/25/96  
SAMPLE(S) TAKEN: 10/24/96  
ECOLOGICS LABORATORY NO: 610062  
CLIENT PROJECT NO: 97-109A  
CLIENT PURCHASE ORDER NO: A9842  
NO. OF SAMPLE(S) ANALYZED: 7

WORK SITE: McDonnell Douglas

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Cota, Hector 622-95-7654	Final clean Bldg. #37 4th floor	610062-01A	165	330	105	30	445.9	0.520	0.009
02 Martinez, Luis 623-43-4509	Roofing abatement Bldg. #37 roof	610062-02A	190	380	0	100	<7.6 #2	<0.008	0.008
03 Vega, Ruben 573-77-5733	Asbestos removal exterior Bldg. #37	610062-03A	210	220	0	100	<7.6 #2	<0.013	0.013
04 Dolbric, Spaso 152-76-9968	Roofing removal exterior Bldg. #29	610062-04A	210	220	0	100	<7.6 #2	<0.013	0.013
05 Hernandez, Mauricio 624-46-5392	ACM pipe insulation removal 2nd floor Bldg. #61	610062-05A	240	480	0	100	<7.6 #2	<0.006	0.006
06	Field	610062-06A	BLANK	BLANK	0	100	0.0	N/A	N/A
07	Lot	610062-07A	BLANK	BLANK	0	100	0.0	N/A	N/A

Allen Hlavacek  
LABORATORY MANAGER

10/28/96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
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- \* Fibers/cc = fibers per cubic centimeter of air.
- \* > = greater than / < = less than
- \* N/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- \* #2: Detection limit based on minimum fiber count.

# Ecologics Asbestos Laboratory Services

Ecologics Lehr

Environmental Services  
and Training Institute

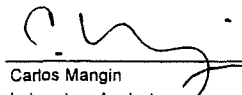
## Certificate of Analysis

CLIENT:	CST ENVIRONMENTAL 2100 E. Via Burton Street Anaheim, CA 92806	DOHS CERTIFICATION NO. 1969 REPORT DATE: 11/05/96 SAMPLE(S) RECEIVED: 11/04/96 SAMPLE(S) TAKEN: 10/23/96 ECOLOGICS LABORATORY NO: 611008 CLIENT PROJECT NO: 96-109A CLIENT PURCHASE ORDER NO: A9874 NO. OF SAMPLE(S) ANALYZED: 9
WORK SITE:	McDonnell Douglas	
ANALYSIS:	FIBERS (>5 MICRONS LONG) ON 25mm FILTERS	
METHOD:	PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD	

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Perez, Jose 623-12-9087	East roofing removal Bldg. #37	611008-01A	240	480	2.5	100	<7.6 #2	<0.006	0.006
02 Martinez, Luis 623-43-4509	East roofing removal Bldg. #37	611008-02A	240	480	14.5	100	18.5	0.015	0.006
03 Lara, Ezequiel 645-92-8465	East roofing removal Bldg. #37	611008-03A	240	480	4.5	100	<7.6 #2	<0.006	0.006
04 Perez, Jose 623-12-9087	East roofing removal Bldg. #37	611008-04A	180	360	2	100	<7.6 #2	<0.008	0.008
05 Martinez, Luis 623-43-4509	East roofing removal Bldg. #37	611008-05A	180	360	1	100	<7.6 #2	<0.008	0.008
06 Lara, Ezequiel 645-92-8465	East roofing removal Bldg. #37	611008-06A	180	360	3.5	100	<7.6 #2	<0.008	0.008
07 Perez, Jose 623-12-9087	Roofing remova Bldg. #37	611008-07A	30	60	3.5	100	<7.6 #2	<0.049	0.049
08 Martinez, Luis 623-43-4509	Roofing remova Bldg. #37	611008-08A	30	60	10.5	100	13.4	0.086	0.049
09 Lara, Ezequiel 645-92-8465	Roofing remova Bldg. #37	611008-09A	30	60	6.5	100	8.3	0.053	0.049

  
Allen Hlavacek  
LABORATORY MANAGER

11/05/96  
DATE

  
Carlos Mangin  
Laboratory Analyst

11-05-96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- \* PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- Fibers/mm<sup>2</sup> = fibers per square millimeter.
- Fibers/cc = fibers per cubic centimeter of air.
- \* > = greater than / < = less than
- N/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- ‡: Detection limit based on minimum fiber count.

# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

WORK SITE: McDonnell Douglas

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

REPORT DATE: 10/25/96  
SAMPLE(S) RECEIVED: 10/24/96  
SAMPLE(S) TAKEN: 10/23/96  
ECOLOGICS LABORATORY NO: 610059  
CLIENT PROJECT NO: 97-109A  
CLIENT PURCHASE ORDER NO: A9836  
NO. OF SAMPLE(S) ANALYZED: 9

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Hernandez, Angel 611-34-8597	Final clean Bldg. #37 4th floor	610059-01A	165	379	8	100	10.2	0.010	0.008
02 Lara, Efrain 646-95-7435	Roofing penetrations Bldg. #37 roof top	610059-02A	150	345	4	100	<7.6 #2	<0.008	0.008
03 Perez, Norman 683-86-8622	Detail cleaning Bldg. #37 S. stairwell	610059-03A	240	480	23.5	100	29.9	0.024	0.006
04 Vargas, Manuel 609-18-3658	ACM pipe insulation removal Bldg. #61 2nd floor	610059-04A	255	510	0	100	<7.6 #2	<0.006	0.006
05 Vega, Ruben 573-77-5733	Asbestos removal Bldg. #57 exterior	610059-05A	255	510	6	100	7.6	0.006	0.006
06 Espinoza, Osbaldo 645-41-4847	Roofing removal bldg. #29 roof top	610059-06A	180	414	100	58	219.6	0.204	0.007
07 Vega, Fernando 550-45-0434	Asbestos removal Bldg. #37 exterior	610059-07A	180	414	62	100	79.0	0.073	0.007
08	Field	610059-08A	BLANK	BLANK	0	100	0.0	N/A	N/A
09	Lot	610059-09A	BLANK	BLANK	0	100	0.0	N/A	N/A

Allen Hlavacek  
LABORATORY MANAGER

10/25/96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- \* PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- Fibers/mm<sup>2</sup> = fibers per square millimeter.
- Fibers/cc = fibers per cubic centimeter of air.
- \* > = greater than / < = less than
- \* N/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- \* 2: Detection limit based on minimum fiber count.

# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

**CLIENT:** CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

**REPORT DATE:** 10/25/96  
**SAMPLE(S) RECEIVED:** 10/24/96  
**SAMPLE(S) TAKEN:** 10/22/96  
**ECOLOGICS LABORATORY NO:** 610058  
**CLIENT PROJECT NO:** 97-109A  
**CLIENT PURCHASE ORDER NO:** A9836  
**NO. OF SAMPLE(S) ANALYZED:** 7

**WORK SITE:** McDonnell Douglas

**ANALYSIS:** FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

**METHOD:** PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

CLIENT SAMPLE D NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Perez, Norman 683-86-8622	Final clean ACM fireproof Bldg. #37 4th floor	610058-01A	165	330	83	100	105.7	0.123	0.009
02 Portillo, Herman 615-14-2287	Mastic on edges Bldg. #37 2nd floor	610058-02A	270	540	106.5	62	218.8	0.156	0.005
03 Vargas, Manuel 609-18-3658	ACM pipe insulation glove bag Bldg. #61 2nd floor	610058-03A	270	540	0	100	<7.6 #2	<0.005	0.005
04 Dolbric, Spaso 152-76-9968	Roofing removal Bldg. #29 roof	610058-04A	225	450	0	100	<7.6 #2	<0.007	0.007
05 Vega, Ruben 573-77-5733	Asbestos removal Bldg. #57 roof	610058-05A	180	360	0	100	<7.6 #2	<0.008	0.008
06	Field	610058-06A	BLANK	BLANK	0	100	0.0	N/A	N/A
07	Lot	610058-07A	BLANK	BLANK	0	100	0.0	N/A	N/A

Allen Hlavacek  
LABORATORY MANAGER

10/25/96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
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- \* Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- > = greater than / < = less than
- N/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- #2: Detection limit based on minimum fiber count.



# Ecologics Asbestos Laboratory Services

Ecologics Lehr  
Environmental Services  
and Training Institute

## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

WORK SITE: McDonnell Douglas

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

REPORT DATE: 10/25/96

SAMPLE(S) RECEIVED: 10/24/96

SAMPLE(S) TAKEN: 10/21/96

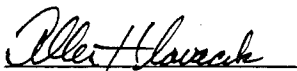
ECOLOGICS LABORATORY NO: 610060

CLIENT PROJECT NO: 97-109A

CLIENT PURCHASE ORDER NO: A9828

NO. OF SAMPLE(S) ANALYZED: 6

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Palencia, Manuel 553-99-7170	Final clean bag out Bldg. #37 4th floor	610060-01A	165	330	0	100	<7.6 #2	<0.009	0.009
02 Hernandez, Jorge 524-15-3243	ACM pipe insulation removal Bldg. #61 2nd floor	610060-02A	165	330	0	100	<7.6 #2	<0.009	0.009
03 Gollas, Clemente 507-20-5496	Roofing penetrations Bldg. #61 roof	610060-03A	180	360	0	100	<7.6 #2	<0.008	0.008
04 Dolbric, Spaso 152-76-9968	Roofing removal Bldg. #29 roof	610060-04A	180	360	4	100	<7.6 #2	<0.008	0.008
05	Field	610060-05A	BLANK	BLANK	0	100	0.0	N/A	N/A
06	Lot	610060-06A	BLANK	BLANK	0	100	0.0	N/A	N/A

  
Allen Hlavacek  
LABORATORY MANAGER

10/25/96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
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- \* Fibers/cc = fibers per cubic centimeter of air.
- \* > = greater than / < = less than
- \* N/A: Not applicable Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- \* #2: Detection limit based on minimum fiber count.

007 00 1996

# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

WORK SITE: McDonnell Douglas

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

REPORT DATE: 10/22/96  
SAMPLE(S) RECEIVED: 10/21/96  
SAMPLE(S) TAKEN: 10/18/96  
ECOLOGICS LABORATORY NO: 610052  
CLIENT PROJECT NO: 97-109A  
CLIENT PURCHASE ORDER NO: A9824  
NO. OF SAMPLE(S) ANALYZED: 5

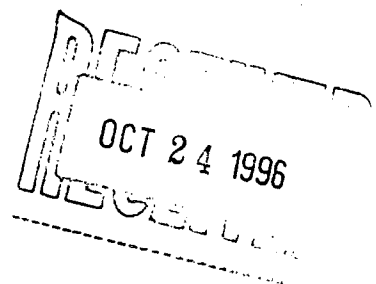
CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Hernandez, Angel 611-34-8597	Final clean ACM fireproof Bldg. #37 4th floor	610052-01A	240	480	100	57	223.5	0.179	0.006
02 Rivas, Douglas 611-18-8459	Beed blast removal Bldg. #37 3rd floor	610052-02A	165	330	0	100	<7.6 #2	<0.009	0.009
03 Hernandez, Mauricio 624-46-5392	VAT mastic Bldg. #61 area #3	610052-03A	180	360	0	0	#18	N/A	N/A
04 Perez, Norman 683-86-8622	Pipe insulation removal Bldg. #61 2nd floor	610052-04A	195	390	100	90	141.5	0.140	0.008
05	Field	610052-05A	BLANK	BLANK	0	100	0.0	N/A	N/A
06	Lot	610052-06A	BLANK	BLANK	0	100	0.0	N/A	N/A

Allen Hlavacek  
LABORATORY MANAGER

10/22/96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
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- \* Fibers/cc = fibers per cubic centimeter of air.
- \* > = greater than / < = less than
- N/A. Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- 2: Detection limit based on minimum fiber count
- #18: Sample not analyzed due to missing filter in cassette cowl



# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

WORK SITE: McDonnell Douglas

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

REPORT DATE: 10/18/96  
SAMPLE(S) RECEIVED: 10/18/96  
SAMPLE(S) TAKEN: 10/17/96  
ECOLOGICS LABORATORY NO: 610049  
CLIENT PROJECT NO: 97-109A  
CLIENT PURCHASE ORDER NO: A9819  
NO. OF SAMPLE(S) ANALYZED: 8

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Perez, Norman 683-86-8622	Final clean wash down Bldg. #37 4th floor	610049-01A	135	270	3	100	<7.6 #2	<0.011	0.011
02 Sagastimo, Esteban 618-58-9007	Demo ACM fire, roof removal Bldg. #37 S. stairwell	610049-02A	120	276	45.5	100	58.0	0.081	0.011
03 Portillo, Herman 615-14-2287	Beed blast removal Bldg. #37 3rd floor	610049-03A	240	480	5.5	100	<7.6 #2	<0.006	0.006
04 Takushi, Thomas 575-78-0385	ACM removal Bldg. #57 exterior	610049-04A	120	240	69.5	100	88.5	0.142	0.012
05 Hernandez, Jorge 524-15-3243	Pipe insulation removal Bldg. #61 2nd floor	610049-05A	105	241	7	100	8.9	0.014	0.012
06 Cota, Hector 622-95-7654	V.A.T. removal Bldg. #61 area #3	610049-06A	195	448	24	100	30.6	0.026	0.007
07	Field	610049-07A	BLANK	BLANK	0	100	0.0	N/A	N/A
08	Lot	610049-08A	BLANK	BLANK	0	100	0.0	N/A	N/A

Allen Hlavacek  
LABORATORY MANAGER

10/18/96  
DATE

Carlos Mangin  
Laboratory Analyst

10-18-96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- \* PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- \* Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- \* > = greater than / < = less than
- \* N/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- \* 2: Detection limit based on minimum fiber count.

# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

REPORT DATE: 10/18/96  
SAMPLE(S) RECEIVED: 10/18/96  
SAMPLE(S) TAKEN: 10/16/96  
ECOLOGICS LABORATORY NO: 610050  
CLIENT PROJECT NO: 97-109A  
CLIENT PURCHASE ORDER NO: A9818  
NO. OF SAMPLE(S) ANALYZED: 7

WORK SITE: McDonnell Douglas

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS  
METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Hernandez, Angel 611-34-8597	Final clean Bldg. #37 4th floor	610050-01A	200	460	18	100	22.9	0.019	0.006
02 Asis, Navarro 615-60-0487	Demo abatement Bldg. #37 4th S. stairwell	610050-02A	210	483	0	100	<7.6 #2	<0.006	0.006
03 Cota, Hector 622-95-7654	V.A.T. removal Bldg. #61 area #2	610050-03A	195	390	2	100	<7.6 #2	<0.008	0.008
04 Perez, Norman 683-86-8622	ACM pipe removal Bldg. #61 2nd floor	610050-04A	225	450	83.5	100	106.4	0.091	0.007
05 Espinoza, Osbaldo 645-41-4847	ACM roof removal Bldg. #29 roof top	610050-05A	300	690	105	33	405.3	0.226	0.004
06	Field	610050-06A	BLANK	BLANK	0	100	0.0	N/A	N/A
07	Lot	610050-07A	BLANK	BLANK	0	100	0.0	N/A	N/A

Allen Hlavacek  
LABORATORY MANAGER

10/18/96  
DATE

Carlos Mangin  
Laboratory Analyst

10-18-96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- \* PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- \* > = greater than / < = less than
- 1/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- 1/2: Detection limit based on minimum fiber count.

# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

WORK SITE: McDonnell Douglas

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

REPORT DATE: 10/17/96  
SAMPLE(S) RECEIVED: 10/16/96  
SAMPLE(S) TAKEN: 10/15/96  
ECOLOGICS LABORATORY NO: 610046  
CLIENT PROJECT NO: 97-109A  
CLIENT PURCHASE ORDER NO: A9815  
NO. OF SAMPLE(S) ANALYZED: 8

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Padilla, Antonio 585-26-0014	ACM abatement Bldg. #37 4th floor	610046-01A	165	330	10.5	100	13.4	0.016	0.009
02 Vega, Ruben 573-77-5733	ACM abatement Bldg. #37 4th floor	610046-02A	120	240	101.5	60	215.5	0.346	0.012
03 Rivas, Douglas 611-18-8459	Beed blast removal Bldg. #37 2nd floor	610046-03A	180	360	94	100	119.7	0.128	0.008
04 Dolbric, Spaso 152-76-9968	Roof removal Bldg. #29 roof	610046-04A	135	270	22	100	28.0	0.040	0.011
05 Nunez, Mauro 679-89-4735	V.A.T. removal Bldg. #61 area #1	610046-05A	120	240	101	81	158.8	0.255	0.012
06 Cota, Hector 622-95-7654	V.A.T. removal Bldg. #61 area #1	610046-06A	180	360	17	100	21.7	0.023	0.008
07	Field	610046-07A	BLANK	BLANK	0	100	0.0	N/A	N/A
08	Lot	610046-08A	BLANK	BLANK	0	100	0.0	N/A	N/A

Allen Hlavacek  
LABORATORY MANAGER

10/17/96  
DATE

Carlos Mangin  
Laboratory Analyst

10-17-96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- \* Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- > = greater than / < = less than
- N/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- #2: Detection limit based on minimum fiber count.

# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

REPORT DATE: 10/18/96  
SAMPLE(S) RECEIVED: 10/15/96  
SAMPLE(S) TAKEN: 10/14/96  
ECOLOGICS LABORATORY NO: 610040  
CLIENT PROJECT NO: 97-109A  
CLIENT PURCHASE ORDER NO: A9810  
NO. OF SAMPLE(S) ANALYZED: 7

WORK SITE: McDonnell Douglas

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS  
METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

CLIENT SAMPLE D NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Hernandez, Angel 611-34-8597	Fireproof removal Bldg. #37 4th floor	610040-01A	240	480	20	100	25.5	0.020	0.006
02 Rivas, Douglas 611-18-8459	Beed blast removal Bldg. #37 2nd floor	610040-02A	130	260	2	100	<7.6 #2	<0.011	0.011
03 Meza, Francisco 603-20-0508	Final clean Bldg. #37 1st floor	610040-03A	135	270	102	95	136.8	0.195	0.011
04 Nunez, Mauro 679-89-4735	Penetration tar sealant Bldg. #61 roof top	610040-04A	120	240	6	100	7.6	0.012	0.012
05 Dolbric, Spaso 152-76-9968	Field roofing Bldg. #29 roof top	610040-05A	180	360	104	35	378.5	0.405	0.008
06	Field	610040-06A	BLANK	BLANK	0	100	0.0	N/A	N/A
07	Lot	610040-07A	BLANK	BLANK	0	100	0.0	N/A	N/A

Allen Hlavacek  
LABORATORY MANAGER

10/18/96  
DATE

Carlos Mangin  
Laboratory Analyst

10-18-96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- \* Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- > = greater than / < = less than
- I/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- #2: Detection limit based on minimum fiber count.

# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

WORK SITE: McDonnell Douglas

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

REPORT DATE: 10/16/96  
SAMPLE(S) RECEIVED: 10/15/96  
SAMPLE(S) TAKEN: 10/11/96  
ECOLOGICS LABORATORY NO: 610039  
CLIENT PROJECT NO: 97-109A  
CLIENT PURCHASE ORDER NO: A9810  
NO. OF SAMPLE(S) ANALYZED: 9

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Padilla, Antonio 585-26-0014	Ceiling & wall demo Bldg. #37 4th floor	610039-01A	130	260	6	100	7.6	0.011	0.011
02 Sagastum, Esteban 618-58-9007	ACM fireproof abatement Bldg. #37 4th floor	610039-02A	120	240	60.5	100	77.1	#8 0.124	0.012
03 Portillo, Herman 615-14-2287	Beed blast Bldg. #37 3rd floor	610039-03A	165	330	108	60	229.3	0.268	0.009
04 Rosales, Hector 564-91-9876	Final wash down bag out Bldg. #37 1st north	610039-04A	140	280	10.5	100	13.4	0.018	0.010
05 Meza, Francisco 603-20-0508	Final wash down Bldg. #37 1st mezzanine	610039-05A	120	240	102	32	406.1	0.651	0.012
06 Cota, Hector 622-95-7654	Roof penetrations Bldg. #67 roof	610039-06A	120	240	50.5	100	64.3	0.103	0.012
07 Nunez, Mauro 679-89-4735	Roof penetrations Bldg. #67 roof	610039-07A	120	240	6	100	7.6	0.012	0.012
08	Field	610039-08A	BLANK	BLANK	0	100	0.0	N/A	N/A
09	Lot	610039-09A	BLANK	BLANK	0	100	0.0	N/A	N/A

Allen Hlavacek  
LABORATORY MANAGER

10/16/96  
DATE

Carlos Mangin  
Laboratory Analyst

10-16-96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- \* PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- \* Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- \* > = greater than / < = less than
- N/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- #8: Heavy particulate loading may have obscured smaller fibers.

# Ecologics Asbestos Laboratory Services

Ecologics Lehr  
Environmental Services  
and Training Institute

## Certificate of Analysis

DOHS CERTIFICATION NO. 1969


CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

WORK SITE: McDonnell Douglas


ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS  
METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

REPORT DATE: 10/14/96  
SAMPLE(S) RECEIVED: 10/11/96  
SAMPLE(S) TAKEN: 10/10/96  
ECOLOGICS LABORATORY NO: 610037  
CLIENT PROJECT NO: 97-109A  
CLIENT PURCHASE ORDER NO: A9806  
NO. OF SAMPLE(S) ANALYZED: 8

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Rivas, Douglas 611-18-8459	Beed blast bldg. # 37 2nd floor	610037-01A	120	240	2.5	100	<7.6 #2	<0.012	0.012
02 Asis, Navarro 605-60-0487	Ceiling demo bldg. # 37 4th floor	610037-02A	120	240	4.5	100	<7.6 #2	<0.012	0.012
03 Meza, Francisco 603-20-0508	Final wash down 1st floor N. bldg. #37	610037-03A	180	360	44	100	56.1	0.060	0.008
04 fernandez, Mauricio 624-46-5392	Pipe insulation bldg. # 67 main area	610037-04A	120	240	2	100	<7.6 #2	<0.012	0.012
05 Gallos, Juan 558-25-6368	Roof patches bldg. # 34 tunnel	610037-05A	135	270	45.5	100	58.0	0.083	0.011
06 Miranda, Fernando 594-69-5849	ACM pipe removal bldg. #61 main area	610037-06A	155	310	2	100	<7.6 #2	<0.009	0.009
07	Field	610037-07A	BLANK	BLANK	0	100	0.0	N/A	N/A
08	Lot	610037-08A	BLANK	BLANK	0	100	0.0	N/A	N/A

  
Allen Hlavacek  
LABORATORY MANAGER

10/14/96  
DATE

  
Carlos Mangin  
Laboratory Analyst

10-17-96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- \* PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- \* > = greater than / < = less than
- I/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- \*2: Detection limit based on minimum fiber count.



# Ecologics Asbestos Laboratory Services

Ecologics Lehr  
Environmental Services  
and Training Institute

## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

WORK SITE: McDonnell Douglas

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

REPORT DATE: 10/11/96  
SAMPLE(S) RECEIVED: 10/10/96  
SAMPLE(S) TAKEN: 10/09/96  
ECOLOGICS LABORATORY NO: 610032  
CLIENT PROJECT NO: 97-109A  
CLIENT PURCHASE ORDER NO: A9800  
NO. OF SAMPLE(S) ANALYZED: 7

CLIENT SAMPLE D NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 ernandez, Mauricio 624-46-5392	ACM fireproof abatement Bldg #37 1st floor mezanine	610032-01A	180	360	72.5	100	92.4	0.099	0.008
02 Rosales, Hector 564-91-9876	ACM fireproof abatement Bldg #37 1st floor mezanine	610032-02A	150	300	0	100	<7.6 #2	<0.010	0.010
03 Asis, Abed 605-60-0487	Ceiling demo Bldg. #37 4th floor	610032-03A	180	360	100	75	169.9	0.182	0.008
04 Vega, Oscar 621-09-6574	ACM pipe removal Bldg. #67 main area	610032-04A	145	290	42.5	100	54.1	0.072	0.010
05 Miranda, Fernando 594-69-5849	ACM pipe removal Bldg. #61 2nd floor	610032-05A	210	420	0	100	<7.6 #2	<0.007	0.007
06	Field	610032-06A	BLANK	BLANK	0	100	0.0	N/A	N/A
07	Lot	610032-07A	BLANK	BLANK	100	63	202.2 #3	N/A	N/A

  
Allen Hlavacek  
LABORATORY MANAGER

  
DATE

### NOTE:

\* Fibers smaller than 0.3 microns in diameter are not detected by PCM.

PCM relative standard deviations range from 40 percent at low fiber density

to 10 percent at high fiber density.

\* Fibers/mm<sup>2</sup> = fibers per square millimeter.

\* Fibers/cc = fibers per cubic centimeter of air.

> = greater than / < = less than

/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.

#2: Detection limit based on minimum fiber count.

#3: High density on blank sample suggests that filter may have been contaminated prior to laboratory receipt therefore, results not blank corrected.

# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

WORK SITE: McDonnell Douglas

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS  
METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

REPORT DATE: 10/10/96  
SAMPLE(S) RECEIVED: 10/09/96  
SAMPLE(S) TAKEN: 10/08/96  
ECOLOGICS LABORATORY NO: 610029  
CLIENT PROJECT NO: 97-109A  
CLIENT PURCHASE ORDER NO: A9792  
NO. OF SAMPLE(S) ANALYZED: 7

CLIENT SAMPLE D NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Iernandez, Mauricio 624-46-5392	Fireproofing removal Bldg. #37 1st floor north	610029-01A	160	320	0	0	#7	N/A	N/A
02 Rosales, Hector 564-91-9876	Fireproofing removal Bldg. #37 1st floor north	610029-02A	180	360	100	81	157.3	0.168	0.008
03 Cota, Hector 622-95-7654	Window puddy Bldg. #36 exterior	610029-03A	180	414	152	20	968.2	0.900	0.007
04 Vega, Oscar 621-09-6574	ACM pipe insulation Bldg. #61 main 2nd floor	610029-04A	120	276	3	100	<7.6 #2	0.011	0.011
05 Miranda, Fernando 594-69-5849	ACM pipe insulation Bldg. #61 main	610029-05A	180	360	35	100	44.6	0.048	0.008
06	Field	610029-06A	BLANK	BLANK	0	100	0.0	N/A	N/A
07	Lot	610029-07A	BLANK	BLANK	0	100	0.0	N/A	N/A

Allen Hlavacek  
LABORATORY MANAGER

10/10/96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- > = greater than / < = less than
- /A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- .2: Detection limit based on minimum fiber count.
- #7: Sample not analyzed due to heavy particulate loading.

# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

WORK SITE: McDonnell Douglas

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS  
METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

REPORT DATE: 10/10/96  
SAMPLE(S) RECEIVED: 10/09/96  
SAMPLE(S) TAKEN: 10/07/96  
ECOLOGICS LABORATORY NO: 610030  
CLIENT PROJECT NO: 97-109A  
CLIENT PURCHASE ORDER NO: A9791  
NO. OF SAMPLE(S) ANALYZED: 7

CLIENT SAMPLE D NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Rivas, Douglas 611-18-8459	Mastic removal Bldg. #37 3rd floor	610030-01A	135	270	0	100	<7.6 #2	<0.011	0.011
02 Nunez, Mauro 679-89-4735	Window putty Bldg. #36 exterior	610030-02A	110	253	1	100	<7.6 #2	<0.012	0.012
03 Perez, Norman 683-86-8622	ACM pipe insulation Bldg. #61 main	610030-03A	225	517	0	100	<7.6 #2	<0.006	0.006
04 Meza, Francisco 603-20-0508	ACM pipe insulation Bldg. #67 main	610030-04A	90	207	6	100	7.6	0.014	0.014
05 Jagastimo, Esteban 618-58-9007	ACM fireproof abatement Bldg. #37 1st floor north	610030-05A	165	330	4	100	<7.6 #2	<0.009	0.009
06	Field	610030-06A	BLANK	BLANK	0	100	0.0	N/A	N/A
07	Lot	610030-07A	BLANK	BLANK	0	100	0.0	N/A	N/A

Allen Hlavacek  
LABORATORY MANAGER

10/10/96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air
- > = greater than / < = less than
- //A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- #2: Detection limit based on minimum fiber count.

# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

WORK SITE: McDonnell Douglas

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

REPORT DATE: 10/09/96  
SAMPLE(S) RECEIVED: 10/08/96  
SAMPLE(S) TAKEN: 10/04/96  
ECOLOGICS LABORATORY NO: 610024  
CLIENT PROJECT NO: 97-109A  
CLIENT PURCHASE ORDER NO: A9786  
NO. OF SAMPLE(S) ANALYZED: 7

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Jagastimo, Esteban J18-58-9007	Fireproofing abatement Bldg. #37 S. stairwell	610024-01A	150	345	72	100	91.7	0.102	0.008
02 Hernandez, Angel 611-34-8597	Fireproofing abatement Bldg. #37 S. stairwell	610024-02A	120	276	5	100	<7.6 #2	<0.011	0.011
03 Espinoza, Osbaldo 645-41-4847	ACM roof removal Bldg. # 36	610024-03A	180	360	0	100	<7.6 #2	<0.008	0.008
04 Perez, Norman 683-86-8622	ACM pipe insulation Bldg #61 main area	610024-04A	180	360	0	100	<7.6 #2	<0.008	0.008
05	Field	610024-05A	BLANK	BLANK	0	100	0.0	N/A	N/A
06	Lot	610024-06A	BLANK	BLANK	0	100	0.0	N/A	N/A
07 Meza, Francisco 603-20-0508	ACM pipe insulation Bldg #67 main area	610024-07A	135	270	0	100	<7.6 #2	<0.011	0.011

Allen Hlavacek  
LABORATORY MANAGER

10/09/96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- \* PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- \* > = greater than / < = less than
- 1/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- 2: Detection limit based on minimum fiber count.

# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

WORK SITE: McDonnell Douglas

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

REPORT DATE: 10/07/96  
SAMPLE(S) RECEIVED: 10/04/96  
SAMPLE(S) TAKEN: 10/03/96  
ECOLOGICS LABORATORY NO: 610017  
CLIENT PROJECT NO: 97-109A  
CLIENT PURCHASE ORDER NO: A9772 ✓  
NO. OF SAMPLE(S) ANALYZED: 6

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Magastimo, Esteban 618-58-9007	V.A.T. removal bldg. #37 2nd floor	610017-01A	150	300	1	100	<7.6 #2	<0.010	0.010
02 Cota, Hector 622-95-7654	ACM fireproof removal final clean bldg. #37 S. stairwell	610017-02A	170	340	1	100	<7.6 #2	<0.009	0.009
03 Dobric, Spaso 152-76-9968	Roofing abate bldg. #36 roof	610017-03A	150	345	68	100	86.6	0.097	0.008
04 Miranda, Fernando 594-69-5849	Pipe insulation removal main area bldg. #61	610017-04A	170	425	2	100	<7.6 #2	<0.007	0.007
05	Field	610017-05A	BLANK	BLANK	0	100	0.0	N/A	N/A
06	Lot	610017-06A	BLANK	BLANK	0	100	0.0	N/A	N/A

Allen Hlavacek  
LABORATORY MANAGER

10/07/96  
DATE

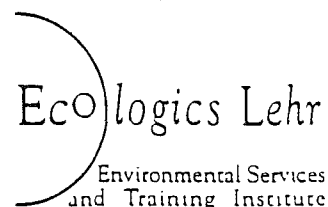
Carlos Mangin  
Laboratory Analyst

10-07-96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- > = greater than / < = less than
- NA: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- #2: Detection limit based on minimum fiber count.

# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

REPORT DATE: 10/07/96  
SAMPLE(S) RECEIVED: 10/04/96  
SAMPLE(S) TAKEN: 10/02/96  
ECOLOGICS LABORATORY NO: 610015  
CLIENT PROJECT NO: 97-109A  
CLIENT PURCHASE ORDER NO: A9772 ✓  
NO. OF SAMPLE(S) ANALYZED: 6

WORK SITE: McDonnell Douglas

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Hernandez, Angel 611-34-8597	Clean & bag out north stairwell bldg. # 37	610015-01A	150	300	6	100	7.6	0.010	0.010
02 Asis, Navarro 605-60-0487	Asbestos demo south stairwell bldg. # 37	610015-02A	180	360	2	100	<7.6 #2	<0.008	0.008
03 Vega, Oscar 621-09-6574	ACM pipe abatement bldg. #61 main	610015-03A	240	552	1	100	<7.6 #2	<0.005	0.005
04 Dobric, Spaso 152-76-9968	ACM roof removal bldg. #36 roof	610015-04A	165	379	16.5	100	21.0	0.021	0.008
05	Field	610015-05A	BLANK	BLANK	0	100	0.0	N/A	N/A
06	Lot	610015-06A	BLANK	BLANK	0	100	0.0	N/A	N/A

Allen Hlavacek  
LABORATORY MANAGER

10/07/96  
DATE

Carlos Mangin  
Laboratory Analyst

10-07-96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- \* PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- \* > = greater than / < = less than
- N/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- 2: Detection limit based on minimum fiber count.

# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

REPORT DATE: 10/03/96  
SAMPLE(S) RECEIVED: 10/02/96  
SAMPLE(S) TAKEN: 10/01/96  
ECOLOGICS LABORATORY NO: 610007  
CLIENT PROJECT NO: 97-109A  
CLIENT PURCHASE ORDER NO: A9763  
NO. OF SAMPLE(S) ANALYZED: 8

WORK SITE: McDonnell Douglas

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Miranda, Fernando 594-69-5849	Pipe insulation abatement Bldg. #61 area #1	610007-01A	150	300	1	100	<7.6 #2	<0.010	0.010
02 Nunez, Mauro 679-89-4735	Pipe insulation abatement Bldg. #61 area #1	610007-02A	150	300	2	100	<7.6 #2	<0.010	0.010
03 Miranda, Oscar 636-45-5260	Fireproofing removal & final clean Bldg. #37 N. stairwell	610007-03A	170	340	0	100	<7.6 #2	<0.009	0.009
04 Torres, Manuel 604-26-9398	Fireproofing removal & final clean Bldg. #37 N. stairwell	610007-04A	170	340	43.5	100	55.4	0.063	0.009
05 Espinoza, Osbaldo 645-41-4847	ACM roofing Bldg. #36 roof	610007-05A	185	425	0	100	<7.6 #2	<0.007	0.007
06 Dolbric, Spaso 152-76-9968	ACM roofing Bldg. #36 roof	610007-06A	185	425	0	100	<7.6 #2	<0.007	0.007
07	Field	610007-07A	BLANK	BLANK	0	100	0.0	N/A	N/A
08	Field	610007-08A	BLANK	BLANK	0	100	0.0	N/A	N/A

Jlen Hlavacek  
LABORATORY MANAGER

10/01/96  
DATE

### NOTE:

- Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- \* PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- Fibers/mm<sup>2</sup> = fibers per square millimeter.
- Fibers/cc = fibers per cubic centimeter of air.
- \* > = greater than / < = less than
- N/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- 2: Detection limit based on minimum fiber count.

# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

REPORT DATE: 10/03/96  
SAMPLE(S) RECEIVED: 10/02/96  
SAMPLE(S) TAKEN: 09/30/96  
ECOLOGICS LABORATORY NO: 610008  
CLIENT PROJECT NO: 97-109A  
CLIENT PURCHASE ORDER NO: A9763  
NO. OF SAMPLE(S) ANALYZED: 8

WORK SITE: McDonnell Douglas

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Hernandez, Angel 611-34-8597	ACM fireproofing Bldg. #37 N. stairs	610008-01A	135	270	3.5	100	<7.6 #2	<0.011	0.011
02 Portillo, Herman 615-14-2287	Demo plaster walls Bldg. #37 S. stairs	610008-02A	130	260	2	100	<7.6 #2	<0.011	0.011
03 Perez, Norman 683-86-8622	Fireproofing removal Bldg. #37 N. stairs	610008-03A	165	330	25.5	100	32.5	0.038	0.009
04 Miranda, Oscar 636-45-5260	Fireproofing removal Bldg. #37 S. stairs	610008-04A	165	330	103.5	63	209.3	0.244	0.009
05 Espinoza, Osbaldo 645-41-4847	Roofing removal Bldg. #34 roof	610008-05A	150	345	52.5	100	66.9 #8	0.075	0.008
06 Dolbric, Spaso 152-76-9968	Roofing removal Bldg. #34 roof	610008-06A	180	414	32.5	100	41.4	0.039	0.007
07	Field	610008-07A	BLANK	BLANK	0	100	0.0	N/A	N/A
08	Lot	610008-08A	BLANK	BLANK	0	100	0.0	N/A	N/A

Jlen Hlavacek  
LABORATORY MANAGER

10/03/96  
DATE

Carlos Mangin  
Laboratory Analyst

10-03-96  
DATE

### NOTE:

Fibers smaller than 0.3 microns in diameter are not detected by PCM.

PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.

\* Fibers/mm<sup>2</sup> = fibers per square millimeter.

Fibers/cc = fibers per cubic centimeter of air.

> = greater than / < = less than

N/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.

#2: Detection limit based on minimum fiber count.

8: Heavy particulate loading may have obscured smaller fibers.



# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

WORK SITE: McDonnell Douglas

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

REPORT DATE: 10/01/96  
SAMPLE(S) RECEIVED: 09/30/96  
SAMPLE(S) TAKEN: 09/27/96  
ECOLOGICS LABORATORY NO: 609111  
CLIENT PROJECT NO: 97-109A  
CLIENT PURCHASE ORDER NO: A9758  
NO. OF SAMPLE(S) ANALYZED: 8

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Garcia, Raul 605-09-9842	ACM debris bag out bldg. #37 3rd floor	609111-01A	150	300	5	100	<7.6 #2	<0.010	0.010
02 Hernandez, Angel 611-34-8597	Plaster demo north stairwell bldg. #37	609111-02A	150	300	2	100	<7.6 #2	<0.010	0.010
03 Asis, Navarro 605-60-0487	Plaster demo north stairwell bldg. #37	609111-03A	180	360	3	100	<7.6 #2	<0.008	0.008
04 Meza, Francisco 603-20-0508	Final clean bldg. #37 2nd floor	609111-04A	180	360	48	100	61.1 #8	0.065	0.008
05 Dolbric, Spaso 152-76-9968	Roof removal bldg. #34 area #3	609111-05A	150	345	3	100	<7.6 #2	<0.008	0.008
06 Espinoza, Osbaldo 645-41-4847	Roof removal bldg. #34 area #3	609111-06A	180	414	3.5	100	<7.6 #2	<0.007	0.007
07	Field	609111-07A	BLANK	BLANK	0	100	0.0	N/A	N/A
08	Lot	609111-08A	BLANK	BLANK	0	100	0.0	N/A	N/A

Allen Hlavacek  
LABORATORY MANAGER

10/01/96  
DATE

Carlos Mangin  
Laboratory Analyst

10-01-96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- \* PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- \* Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- \* > = greater than / < = less than
- N/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- #2: Detection limit based on minimum fiber count.
- #8: Heavy particulate loading may have obscured smaller fibers.

# Ecologics Asbestos Laboratory Services

Ecologics Lehr  
Environmental Services  
and Training Institute

## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

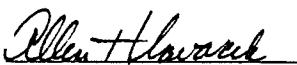
WORK SITE: McDonnell Douglas

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

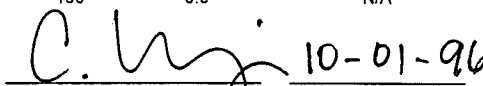
METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

REPORT DATE: 10/01/96  
SAMPLE(S) RECEIVED: 09/30/96  
SAMPLE(S) TAKEN: 09/26/96  
ECOLOGICS LABORATORY NO: 609112  
CLIENT PROJECT NO: 97-109A  
CLIENT PURCHASE ORDER NO: A9758  
NO. OF SAMPLE(S) ANALYZED: 8

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Hernandez, Mauricio 624-46-5392	Final clean VAT removal Bldg. #37 2nd floor	609112-01A	135	270	13.5	100	17.2	0.025	0.011
02 Velasco, Domingo 620-16-8653	Final clean VAT removal Bldg. #37 3rd floor	609112-02A	135	270	9.5	100	12.1	0.017	0.011
03 Meza, Francisco 603-20-0508	VAT removal Bldg. #37 2nd floor	609112-03A	150	375	52	100	66.2	0.068	0.008
04 Padilla, Antonio 585-26-0014	VAT removal Bldg. #37 3rd floor	609112-04A	120	240	70.5	100	89.8 #8	0.144	0.012
05 Dolbric, Spaso 152-76-9968	Roofing removal Bldg. #34 roof	609112-05A	130	325	24	100	30.6	0.036	0.009
06 Gheorghe, Nicolae 611-74-3775	Roofing removal Bldg. #34 roof	609112-06A	165	412	12.5	100	15.9	0.015	0.007
07	Field	609112-07A	BLANK	BLANK	0	100	0.0	N/A	N/A
08	Lot	609112-08A	BLANK	BLANK	0	100	0.0	N/A	N/A

  
Allen Hlavacek  
LABORATORY MANAGER

10/01/96  
DATE

  
Carlos Mangin  
Laboratory Analyst

10-01-96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- \* PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- \* Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- \* > = greater than / < = less than
- \* N/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- \* #8: Heavy particulate loading may have obscured smaller fibers.

# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

WORK SITE: McDonnell Douglas

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

REPORT DATE: 09/26/96  
SAMPLE(S) RECEIVED: 09/26/96  
SAMPLE(S) TAKEN: 09/25/96  
ECOLOGICS LABORATORY NO: 609102  
CLIENT PROJECT NO: 97-109A  
CLIENT PURCHASE ORDER NO: A9752  
NO. OF SAMPLE(S) ANALYZED: 4

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Mititelu, Stefan 612-40-4660	Roofing material Bldg. #34 roof area #3	609102-01A	180	360	0	100	<7.6 #2	<0.008	0.008
02 Nunez, Mauro 679-89-4735	Pipe insulation Bldg. #34 breezeway	609102-02A	180	360	15	100	19.1 #3	0.020	0.008
03	Field	609102-03A	BLANK	BLANK	100.5	90	142.3	N/A	N/A
04	Lot	609102-04A	BLANK	BLANK	0	100	0.0	N/A	N/A

Allen Hlavacek  
LABORATORY MANAGER

09/26/96  
DATE

### NOTE:

\* Fibers smaller than 0.3 microns in diameter are not detected by PCM.

\* PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.

Fibers/mm<sup>2</sup> = fibers per square millimeter.

\* Fibers/cc = fibers per cubic centimeter of air.

\* > = greater than / < = less than

N/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.

#2: Detection limit based on minimum fiber count.

#3: High density result for blank sample suggests that filter may have been contaminated prior to laboratory receipt therefore, results not blank corrected.

# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

WORK SITE: McDonnell Douglas

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

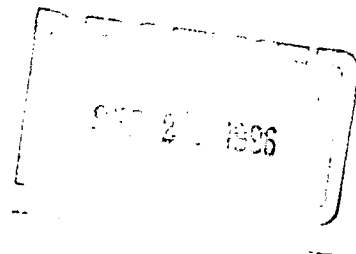
METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

REPORT DATE: 09/26/96  
SAMPLE(S) RECEIVED: 09/26/96  
SAMPLE(S) TAKEN: 09/25/96  
ECOLOGICS LABORATORY NO: 609104  
CLIENT PROJECT NO: 97-109A  
CLIENT PURCHASE ORDER NO: A9752  
NO. OF SAMPLE(S) ANALYZED: 4

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Miranda, Oscar 636-45-5260	Final clean Bldg. #37 2nd floor	609104-01A	180	360	0	100	<7.6 #2	<0.008	0.008
02 Padilla, Antonio 585-26-0014	Final clean Bldg. #37 3rd floor	609104-02A	180	360	4	100	<7.6 #2	<0.008	0.008
03 Rosales, Hector 564-91-9876	Bag out Bldg. #37 2nd floor	609104-03A	155	310	0	100	<7.6 #2	<0.009	0.009
04 Henriquez, Mauricio 543-15-3224	V.A.T. removal Bldg. #37 3rd floor	609104-04A	165	330	0	100	<7.6 #2	<0.009	0.009

Allen Hlavacek  
LABORATORY MANAGER

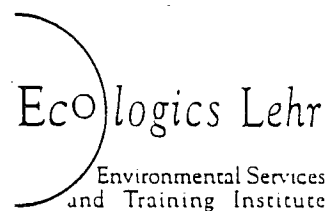
09/26/96  
DATE



### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- \* PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- \* Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- \* > = greater than / < = less than
- \* N/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- \* L2: Detection limit based on minimum fiber count.

# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

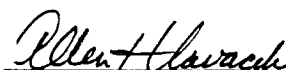
WORK SITE: McDonnell Douglas

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

REPORT DATE: 09/26/96  
SAMPLE(S) RECEIVED: 09/26/96  
SAMPLE(S) TAKEN: 09/24/96  
ECOLOGICS LABORATORY NO: 609103  
CLIENT PROJECT NO: 97-109A  
CLIENT PURCHASE ORDER NO: A9748  
NO. OF SAMPLE(S) ANALYZED: 4

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Ramon, Miguel 657-09-0909	Mastic removal Bldg. #67 area #1	609103-01A	120	240	1	100	<7.6 #2	<0.012	0.012
02 Portillo, Herman 615-14-2287	Mastic removal Bldg. #67 area #1	609103-02A	120	240	0	100	<7.6 #2	<0.012	0.012
03	Field	609103-03A	BLANK	BLANK	0	100	0.0	N/A	N/A
04	Lot	609103-04A	BLANK	BLANK	0	100	0.0	N/A	N/A

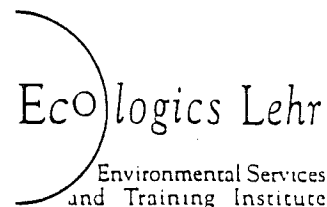
  
Allen Hlavacek  
LABORATORY MANAGER

09/26/96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- \* PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- \* > = greater than / < = less than
- I/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- 2: Detection limit based on minimum fiber count.

# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

**CLIENT:** CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

REPORT DATE: 09/26/96  
SAMPLE(S) RECEIVED: 09/26/96  
SAMPLE(S) TAKEN: 09/24/96  
ECOLOGICS LABORATORY NO: 609101  
CLIENT PROJECT NO: 97-109A  
CLIENT PURCHASE ORDER NO: A9748  
NO. OF SAMPLE(S) ANALYZED: 4

**WORK SITE:** McDonnell Douglas

**ANALYSIS:** FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

**METHOD:** PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Mititelu, Stefan 612-40-4660	Roofing removal Bldg. #34 area #3	609101-01A	150	300	2	100	<7.6 #2	<0.010	0.010
02 Gheorghe, Nicolae 611-74-3775	Roofing removal Bldg. #34 area #3	609101-02A	165	330	0	100	<7.6 #2	<0.009	0.009
03	Field	609101-03A	BLANK	BLANK	5.5	100	7.0 #3	N/A	N/A
04	Lot	609101-04A	BLANK	BLANK	0	100	0.0	N/A	N/A

  
Allen Hlavacek  
LABORATORY MANAGER

09/26/96  
(DATE)

**NOTE:**

\* Fibers smaller than 0.3 microns in diameter are not detected by PCM.

\* PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.

Fibers/mm<sup>2</sup> = fibers per square millimeter.

\* Fibers/cc = fibers per cubic centimeter of air.

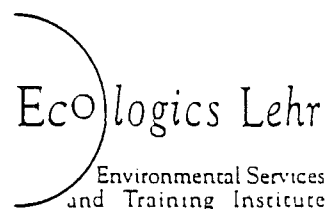
\* > = greater than / < = less than

N/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.

#2: Detection limit based on minimum fiber count.

#3: High density result for blank sample suggests that filter may have been contaminated prior to laboratory receipt.

# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

**CLIENT:** CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

**WORK SITE:** McDonnell Douglas

**ANALYSIS:** FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

**METHOD:** PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EP A REFERENCE METHOD

REPORT DATE: 09/26/96  
SAMPLE(S) RECEIVED: 09/26/96  
SAMPLE(S) TAKEN: 09/24/96  
ECOLOGICS LABORATORY NO: 609100  
CLIENT PROJECT NO: 97-109A  
CLIENT PURCHASE ORDER NO: A9748  
NO. OF SAMPLE(S) ANALYZED: 6

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Meza, Francisco 603-20-0508	Final clean ACM fireproofing Bldg. #37 3rd floor	609100-01A	135	270	0	100	<7.6 #2	<0.011	0.011
02 Vega, Ruben 573-77-5733	Final clean bag out Bldg. #37 3rd floor	609100-02A	135	270	0	100	<7.6 #2	<0.011	0.011
03 Miranda, Oscar 636-45-5260	Final clean fireproofing Bldg. #37 2nd floor	609100-03A	150	300	5	100	<7.6 #2	<0.010	0.010
04 Cota, Hector 622-95-7654	Abatement inside stairwell Bldg. #37 2nd floor	609100-04A	170	340	0	100	<7.6 #2	<0.009	0.009
05	Field	609100-05A	BLANK	BLANK	0	100	0.0	N/A	N/A
06	Lot	609100-06A	BLANK	BLANK	0	100	0.0	N/A	N/A

Allen Hlavacék  
LABORATORY MANAGER

09/26/96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- \* PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- \* > = greater than / < = less than
- N/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- :2: Detection limit based on minimum fiber count.

# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

WORK SITE: McDonnell Douglas

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

REPORT DATE: 09/25/96  
SAMPLE(S) RECEIVED: 09/24/96  
SAMPLE(S) TAKEN: 09/23/96  
ECOLOGICS LABORATORY NO: 609092  
CLIENT PROJECT NO: 97-109A  
CLIENT PURCHASE ORDER NO: A9747  
NO. OF SAMPLE(S) ANALYZED: 6

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Hernandez, Angel 611-34-8597	Fire proofing abatement Bldg. # 37 2nd floor	609092-01A	135	270	1.5	100	<7.6 #2	<0.011	0.011
02 Padilla, Antonio 585-26-0014	Fire proofing abatement Bldg. # 37 2nd floor	609092-02A	130	260	104	36	368.0	0.545	0.011
03 Vega, Ruben 573-77-5733	Fire proofing abatement Bldg. # 37 3rd floor	609092-03A	135	270	104	33	401.5	0.572	0.011
04 Hernandez, Armando 654-28-6053	Fire proofing abatement Bldg. # 37 3rd floor	609092-04A	135	270	15.5	100	19.7	0.028	0.011
05	Field	609092-05A	BLANK	BLANK	0	100	0.0	N/A	N/A
06	Lot	609092-06A	BLANK	BLANK	0	100	0.0	N/A	N/A

Allen Hiavacek  
LABORATORY MANAGER

09/25/96  
DATE

Carlos Mangin  
Laboratory Analyst

09-25-96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- \* PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- \* > = greater than / < = less than
- N/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- \*2: Detection limit based on minimum fiber count.



# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

REPORT DATE: 09/25/96  
SAMPLE(S) RECEIVED: 09/24/96  
SAMPLE(S) TAKEN: 09/23/96  
ECOLOGICS LABORATORY NO: 609093  
CLIENT PROJECT NO: 97-109A  
CLIENT PURCHASE ORDER NO: A9747  
NO. OF SAMPLE(S) ANALYZED: 4

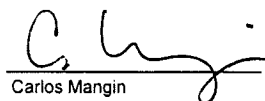
WORK SITE: McDonnell Douglas

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS  
METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

CLIENT SAMPLE 'D NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Ramon, Miguel 657-09-0909	Mastic removal Bldg. # 67 area # 1	609093-01A	105	210	3	100	<7.6 #2	<0.014	0.014
02 Velasco, Domingo 620-16-8653	Detailing abated area 1 & 2 Bldg. #34 area #2	609093-02A	135	270	5	100	<7.6 #2	<0.011	0.011
03	Field	609093-03A	BLANK	BLANK	0	100	0.0	N/A	N/A
04	Lot	609093-04A	BLANK	BLANK	0	100	0.0	N/A	N/A

  
Allen Hlavacek  
LABORATORY MANAGER

09/25/96  
DATE

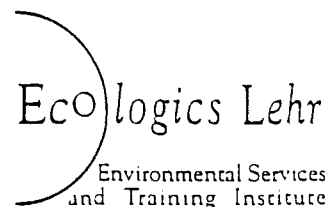
  
Carlos Mangin  
Laboratory Analyst

09-25-96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- \* PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- \* > = greater than / < = less than
- N/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- #2: Detection limit based on minimum fiber count.

# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

WORK SITE: McDonnell Douglas

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

REPORT DATE: 09/24/96  
SAMPLE(S) RECEIVED: 09/23/96  
SAMPLE(S) TAKEN: 09/20/96  
ECOLOGICS LABORATORY NO: 609089  
CLIENT PROJECT NO: 97-109A  
CLIENT PURCHASE ORDER NO: A9742  
NO. OF SAMPLE(S) ANALYZED: 4

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Ramon, Miguel 657-09-0909	Beed blast mastic removal Bldg. #67 area #1	609089-01A	160	320	7.5	100	9.6	0.011	0.009
02 Portillo, Herman 615-14-2287	Beed blast mastic removal Bldg. #67 area #1	609089-02A	120	240	4.5	100	<7.6 #2	<0.012	0.012
03	Field	609089-03A	BLANK	BLANK	0	100	0.0	N/A	N/A
04	Lot	609089-04A	BLANK	BLANK	0	100	0.0	N/A	N/A

Allen Hlavacek  
LABORATORY MANAGER

09/24/96  
DATE

Carlos Mangin  
Laboratory Analyst

09-24-96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- \* PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- \* Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- \* > = greater than / < = less than
- NA: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- #2: Detection limit based on minimum fiber count.

# Ecologics Asbestos Laboratory Services

Eco)logics Lehr

Environmental Services  
and Training Institute

## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

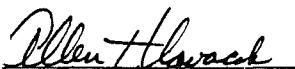
WORK SITE: McDonnell Douglas

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

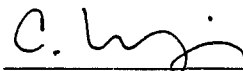
METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

REPORT DATE: 09/24/96  
SAMPLE(S) RECEIVED: 09/23/96  
SAMPLE(S) TAKEN: 09/20/96  
ECOLOGICS LABORATORY NO: 609091  
CLIENT PROJECT NO: 97-109A  
CLIENT PURCHASE ORDER NO: A9742  
NO. OF SAMPLE(S) ANALYZED: 6

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Sagastimo, Esteban 618-58-9007	Fireproofing abatement Bldg. #37 2nd floor	609091-01A	210	420	25	100	31.8 #8	0.029	0.007
02 Miranda, Oscar 636-45-5260	Fireproofing abatement Bldg. #37 3rd floor	609091-02A	210	420	102.5	29	449.0 #1	0.412	0.007
03 Vega, Ruben 573-77-5733	Fireproofing abatement Bldg. #37 2nd floor	609091-03A	150	300	15.5	100	18.4 #1 #8	0.024	0.010
04 Hernandez, Armando 654-28-6053	Fireproofing abatement Bldg. #37 3rd floor	609091-04A	150	300	7	100	7.6 #1	0.010	0.010
05	Field	609091-05A	BLANK	BLANK	1	100	1.3	N/A	N/A
06	Lot	609091-06A	BLANK	BLANK	0	100	0.0	N/A	N/A

  
Allen Hlavacek  
LABORATORY MANAGER

09/24/96  
DATE

  
Carlos Mangin  
Laboratory Analyst

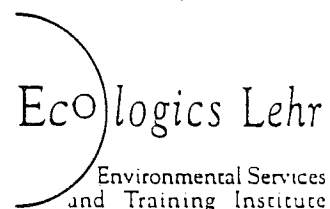
09-24-96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- \* PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- \* > = greater than / < = less than
- √/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- #1: Analytical results corrected for fibers found on blank sample.
- #8: Heavy particulate loading may have obscured smaller fibers.

SEP 23 1996

# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

REPORT DATE: 09/23/96  
SAMPLE(S) RECEIVED: 09/20/96  
SAMPLE(S) TAKEN: 09/19/96  
ECOLOGICS LABORATORY NO: 609086  
CLIENT PROJECT NO: 97-109A  
CLIENT PURCHASE ORDER NO: A9730  
NO. OF SAMPLE(S) ANALYZED: 5

WORK SITE: McDonnell Douglas

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Miranda, Oscar 636-45-5260	Fireproofing removal Bldg. #37 2nd floor	609086-01A	120	240	17	100	21.7 #11	0.035	0.012
02 Cota, Hector 622-95-7654	Fireproofing removal Bldg. #37 3rd floor	609086-02A	180	360	27	100	34.4	0.037	0.008
03 Hernandez, Angel 611-34-8597	Excursion Bldg. #37 3rd floor	609086-03A	30	60	0	100	<7.6 #2	<0.049	0.049
04	Field	609086-04A	BLANK	BLANK	0	100	0.0	N/A	N/A
05	Lot	609086-05A	BLANK	BLANK	0	100	0.0	N/A	N/A

Allen Hlavacek  
LABORATORY MANAGER

09/23/96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- \* PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- \* > = greater than / < = less than
- I/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- 2: Detection limit based on minimum fiber count.
- #11: Uneven particulate distribution may limit analytical accuracy.

# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

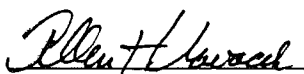
WORK SITE: McDonnell Douglas

REPORT DATE: 09/23/96  
SAMPLE(S) RECEIVED: 09/20/96  
SAMPLE(S) TAKEN: 09/19/96  
ECOLOGICS LABORATORY NO: 609085  
CLIENT PROJECT NO: 97-109A  
CLIENT PURCHASE ORDER NO: A9730  
NO. OF SAMPLE(S) ANALYZED: 4

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Ramon, Miguel 657-09-0909	Beed blast mastic removal Bldg. #67 area #1	609085-01A	180	360	2	100	<7.6 #2	<0.008	0.008
02	Field	609085-02A	BLANK	BLANK	0	100	0.0	N/A	N/A
03	Lot	609085-03A	BLANK	BLANK	0	100	0.0	N/A	N/A
04	1st floor mastic removal Bldg #34 area #2	609085-04A	120	240	0	100	<7.6 #2	<0.012	0.012

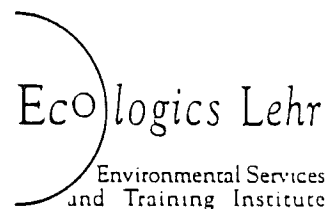
  
Allen Hlavacek  
LABORATORY MANAGER

09/23/96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- \* PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- \* > = greater than / < = less than
- N/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- 2: Detection limit based on minimum fiber count.

# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

WORK SITE: McDonnell Douglas

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

REPORT DATE: 09/20/96  
SAMPLE(S) RECEIVED: 09/19/96  
SAMPLE(S) TAKEN: 09/18/96  
ECOLOGICS LABORATORY NO: 609078  
CLIENT PROJECT NO: 97-109A  
CLIENT PURCHASE ORDER NO: A9721  
NO. OF SAMPLE(S) ANALYZED: 4

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Portillo, Herman 615-14-2287	V.A.T. removal Bldg. #34 area #2	609078-01A	150	300	2.5	100	<7.6 #2	<0.010	0.010
02 Velasco, Domingo 620-16-8653	V.A.T. & mastic removal Bldg. #34 area #2	609078-02A	90	180	14	100	15.3 #1	0.033	0.016
03	Field	609078-03A	BLANK	BLANK	2	100	2.5	N/A	N/A
04	Lot	609078-04A	BLANK	BLANK	0	100	0.0	N/A	N/A

Allen Hlavacek  
LABORATORY MANAGER

09/20/96  
DATE

Carlos Mangin  
Laboratory Analyst

09/20/96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- \* PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- \* > = greater than / < = less than
- N/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- #1: Analytical results corrected for fibers found on blank sample.
- #2: Detection limit based on minimum fiber count.

# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

REPORT DATE: 09/20/96  
SAMPLE(S) RECEIVED: 09/19/96  
SAMPLE(S) TAKEN: 09/18/96  
ECOLOGICS LABORATORY NO: 609079  
CLIENT PROJECT NO: 97-109A  
CLIENT PURCHASE ORDER NO: A9721  
NO. OF SAMPLE(S) ANALYZED: 6

WORK SITE: McDonnell Douglas

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Perez, Norman 683-86-8622	Fireproofing removal Bldg. #37 2nd floor	609079-01A	135	270	0	0	#7	N/A	N/A
02 Cota, Hector 622-95-7654	Fireproofing removal Bldg. #37 2nd floor	609079-02A	150	300	25.5	100	32.5	0.042	0.010
03 Padilla, Antonio 585-26-0014	Fireproofing removal Bldg. #37 3rd floor	609079-03A	135	270	73	100	93.0	#8 0.133	0.011
04 Henriquez, Mauricio 543-15-3224	Fireproofing removal Bldg. #37 3rd floor	609079-04A	150	300	2.5	100	<7.6 #2	0.010	0.010
05	Field	609079-05A	BLANK	BLANK	0	100	0.0	N/A	N/A
06	Lot	609079-06A	BLANK	BLANK	0	100	0.0	N/A	N/A

Allen Hlavacek  
LABORATORY MANAGER

09/20/96  
DATE

Carlos Mangin  
Laboratory Analyst

09/20/96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- \* PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- \* > = greater than / < = less than
- //A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- :2: Detection limit based on minimum fiber count.
- #7: Sample not analyzed due to heavy particulate loading.
- #8: Heavy particulate loading may have obscured smaller fibers.

# EDM ENVIRONMENTAL DATA MANAGEMENT

4B-8 VILLAGE LOOP ROAD, POMONA, CA 91766 PHONE : 909-865-7550

REPORT FOR CST, INC. JOB # 97-109A

WORK SITE : Mc DONALD DOUGLAS, BUILDING # 37

REPORT DATE : 9/19/96

P.O. # A 9715 ✓

## AIR SAMPLE ANALYSES : NIOSH 7400 METHOD

DATE TAKEN FIELD ID LAB. ID	SAMPLE AREA SAMPLE TYPE WORK IN PROGRESS	SAMPLE LOCATION  FOR OBZ : NAME FOR OBZ : SS.	OBZ EXPO. TIME MIN.	START SAMPLE END SAMPLE	FLOW RATE LPM  VOLUME (L)	FIBERS  FIELDS	F/CC  TWA	LOD	COMMENTS
9/17/96 1 96EDM4416	IWA OBZ ABATE	FIRE PROOFING REMOVAL 2ND FLOOR ANTONIO PADILLA 535-26-0014	105	7:15  9:00	2.0  210	20  100	0.047  0.010	0.027	OPFP
9/17/96 2 96EDM4417	IWA OBZ ABATE	FIRE PROOFING REMOVAL 2ND FLOOR ASIS NAVARRO 605-60-0487	110	7:10  9:00	2.0  220	12  100	0.033  0.007	0.027	
9/17/96 3 96EDM4418	IWA OBZ ABATE	FIRE PROOFING REMOVAL 2ND FLOOR MAURICIO HENRIQUEZ 534-06-3516	140	9:10  11:30	2.0  280	25  100	0.044  0.013	0.022	OPFP
9/17/96 4 96EDM4419	IWA OBZ ABATE	CONTAINMENT DEMOLITION 3RD FL. ARMANDO HERNANDEZ 654-28-6053	135	9:10  11:25	2.0  270	13  100	0.024  0.007	0.023	
9/17/96 5 96EDM44120	IWA OBZ ABATE	30 SECONDS SAMPLE - FIELD				3  100			
9/17/96 6 96EDM4420B	BLANK	LAB. BLANK				1  100			

IWA = INSIDE WORK AREA, OWA = OUTSIDE WORK AREA, OBZ = OPERATOR BREATHING ZONE, LOD = LIMIT OF DETECTION, LOQ = LIMIT OF QUANTIFICATION

UFP = UNDER LOADED FIBERS - MAY HAVE POSITIVE BIAS (F/MM < 100), OFN = OVER LOADED FIBERS - MAY HAVE NEG. BIAS (F/MM > 100)

OPN = OVER LOADED PARTICULATE - MAY HAVE NEG. BIAS, OPFP = OVER LOADED PARTICULATE AND FIBERS - MAY HAVE POS. BIAS.

ANALYST: *Late Patton*



# EDM ENVIRONMENTAL DATA MANAGEMENT

4B-8 VILLAGE LOOP ROAD, POMONA, CA 91766 PHONE : 909-865-7550

REPORT DATE : 9/19/96

P.O. # A 9715 ✓

REPORT FOR CST, INC. JOB # 97-109A

WORK SITE : Mc DONALD DOUGLAS, BUILDING # 34

AIR SAMPLE ANALYSES : NIOSH 7400 METHOD									
DATE TAKEN FIELD ID LAB. ID	SAMPLE AREA SAMPLE TYPE WORK IN PROGRESS	SAMPLE LOCATION  FOR OBZ : NAME FOR OBZ : SS.	OBZ EXPO. TIME MIN.	START SAMPLE END SAMPLE	FLOW RATE LPM  VOLUME (L)	FIBERS  FIELDS	F/CC  TWA	LOD	COMMENTS
9/17/96 1 96EDM4413	IWA OBZ ABATE	TILE A.C.M REMOVAL AREA # 2 HERMON PORTULLO 615-14-2287	220	7:20  11:00	2.0  440	29  100	0.032  0.015	0.027	
9/17/96 2 96EDM4414	IWA OBZ ABATE	A.C.M. TILE REMOVAL AREA # 1 MIGUEL ROMON 657-09-0909	145	9:00  11:25	2.0  290	14  100	0.024  0.007	0.022	
9/17/96 3 96EDM4415	IWA OBZ ABATE	30 SECONDS SAMPLE - FIELD				3  100			
9/17/96 4 96EDM4415B	BLANK	LAB. BLANK				1  100			

IWA = INSIDE WORK AREA, OWA = OUTSIDE WORK AREA, OBZ = OPERATOR BREATHING ZONE, LOD = LIMIT OF DETECTION, LOQ = LIMIT OF QUANTIFICATION

UFP = UNDER LOADED FIBERS - MAY HAVE POSITIVE BIAS (F/MM<100) , OFN = OVER LOADED FIBERS - MAY HAVE NEG. BIAS (F/MM>100)

OPN = OVER LOADED PARTICULATE - MAY HAVE NEG. BIAS, OPFP = OVER LOADED PARTICULATE AND FIBERS - MAY HAVE POS. BIAS.

ANALYST:

*Late Portillo*

# EDM ENVIRONMENTAL DATA MANAGEMENT

413-8 VILLAGE LOOP ROAD, POMONA, CA 91766 PHONE : 909-865-7550

REPORT DATE : 9/19/96

P.O. # A 9708 ✓

REPORT FOR CST, INC. JOB # 97-109A

WORK SITE : Mc DONNELD DOUGLAS, BLDG. # 67 - AREA # 1

## AIR SAMPLE ANALYSES : NIOSH 7400 METHOD

DATE TAKEN FIELD ID LAB. ID	SAMPLE AREA SAMPLE TYPE WORK IN PROGRESS	SAMPLE LOCATION  FOR OBZ : NAME FOR OBZ : SS.	OBZ EXPO. TIME MIN.	START SAMPLE END SAMPLE	FLOW RATE LPM  VOLUME (L)	FIBERS  FIELDS	F/CC  TWA	LOD	COMMENTS
9/16/96 1 96EDM4382	IWA OBZ ABATE	VAT REMOVAL MIGUEL ROMON 657-09-0909	120	7:00 9:00	2.0 240	10 100	0.020 0.005	0.025	
9/16/96 2 96EDM4383	IWA OBZ. ABATE	VAT REMOVAL HERMON PANALLO 615-14-2267	90	10:00 11:30	2.0 180	14 100	0.038 0.007	0.028	OPFP
9/16/96 3 96EDM4384	IWA OBZ. ABATE	30 SECOND SAMPLE - FIELD				3 100			
9/16/96 4 96EDM4384B	BLANK	LAB. BLANK				1 100			

IWA = INSIDE WORK AREA, OWA = OUTSIDE WORK AREA, OBZ = OPERATOR BREATHING ZONE, LOD = LIMIT OF DETECTION, LOQ = LIMIT OF QUANTIFICATION

UFP = UNDER LOADED FIBERS - MAY HAVE POSITIVE BIAS (F/MM<100), OFN = OVER LOADED FIBERS - MAY HAVE NEG. BIAS (F/MM>100)

OPN = OVER LOADED PARTICULATE - MAY HAVE NEG. BIAS, OPFP = OVER LOADED PARTICULATE AND FIBERS - MAY HAVE POS. BIAS.

ANALYST:

*John P. ...*

# EDM ENVIRONMENTAL DATA MANAGEMENT

4B-8 VILLAGE LOOP ROAD, POMONA, CA 91766 PHONE : 909-865-7550

REPORT FOR CST, INC. JOB # 97-109A

WORK SITE : Mc DONNELD DOUGLAS, BLDG. # 37 - 2ND FLOOR

REPORT DATE : 9/19/96

P.O. # A 9708 ✓

## AIR SAMPLE ANALYSES : NIOSH 7400 METHOD

DATE TAKEN FIELD ID LAB. ID	SAMPLE AREA SAMPLE TYPE WORK IN PROGRESS	SAMPLE LOCATION  FOR OBZ : NAME FOR OBZ : SS.	OBZ EXPO. TIME MIN.	START SAMPLE END SAMPLE	FLOW RATE LPM  VOLUME (L)	FIBERS  FIELDS	F/CC  TWA	LOD	COMMENTS
9/16/96 1 96EDM4377	IWA OBZ ABATE	FIRE PROOFING REMOVAL HECTOR COTA 523-95-7654	135	7:15 9:30	2.0 270	18 100	0.033 0.009	0.023	
9/16/96 2 96EDM4378	IWA OBZ. ABATE	FIRE PROOFING REMOVAL OSCAR VEGA 621-09-6574	150	7:30 10:00	2.0 300	22 100	0.036 0.011	0.022	OPFP
9/13/96 3 96EDM4379	IWA OBZ. ABATE	FIRE PROOFING REMOVAL FIDEL GARCIA 613-18-2818	120	12:00 2:00	2.0 240	16 100	0.033 0.008	0.025	
9/16/96 4 96EDM4380	IWA OBZ ABATE	DEMOLITION INSIDE CONTAINMENT ARMANDO HERNANDEZ 654-28-6053	100	9:45 11:25	2.0 200	13 100	0.032 0.007	0.027	
9/16/96 1 96EDM4381	IWA OBZ ABATE	30 SECONDS SAMPLE - FIELD				3 100			
9/16/96 2 96EDM4381B	BLANK	LAB. BLANK				2 100			

IWA = INSIDE WORK AREA, OWA = OUTSIDE WORK AREA, OBZ = OPERATOR BREATHING ZONE, LOD = LIMIT OF DETECTION, LOQ = LIMIT OF QUANTIFICATION

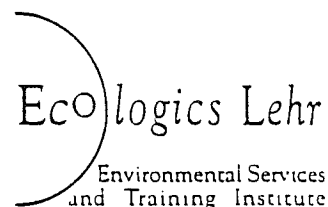
UPF = UNDER LOADED FIBERS - MAY HAVE POSITIVE BIAS (F/MM < 100), OFN = OVER LOADED FIBERS - MAY HAVE NEG. BIAS (F/MM > 100)

OPN = OVER LOADED PARTICULATE - MAY HAVE NEG. BIAS, OPFP = OVER LOADED PARTICULATE AND FIBERS - MAY HAVE POS. BIAS.

ANALYST:

*Let. Patton*

# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

WORK SITE: McDonnell Douglas

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

REPORT DATE: 09/18/96  
SAMPLE(S) RECEIVED: 09/16/96  
SAMPLE(S) TAKEN: 09/13/96  
ECOLOGICS LABORATORY NO: 609073  
CLIENT PROJECT NO: 97-109A  
CLIENT PURCHASE ORDER NO: A9698  
NO. OF SAMPLE(S) ANALYZED: 4

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Ramon, Miguel 657-09-0909	V.A.T. removal Bldg. #67 area #1	609073-01A	150	300	6.5	100	8.3	0.011	0.010
02 Velasco, Domingo 620-16-8653	V.A.T. removal Bldg. #67 area #1	609073-02A	120	240	4.5	100	<7.6 #2	<0.012	0.012
03	Field	609073-03A	BLANK	BLANK	0	100	0.0	N/A	N/A
04	Lot	609073-04A	BLANK	BLANK	0	100	0.0	N/A	N/A

Allen Hlavacek  
LABORATORY MANAGER

09/18/96  
DATE

Carlos Mangin  
Laboratory Analyst

09/19/96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- \* PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- \* Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- \* > = greater than / < = less than
- ∕A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- †2: Detection limit based on minimum fiber count.

# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

REPORT DATE: 09/18/96  
SAMPLE(S) RECEIVED: 09/16/96  
SAMPLE(S) TAKEN: 09/13/96  
ECOLOGICS LABORATORY NO: 609072  
CLIENT PROJECT NO: 97-109A  
CLIENT PURCHASE ORDER NO: A9698  
NO. OF SAMPLE(S) ANALYZED: 5

WORK SITE: McDonnell Douglas

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Sagastimo, Esteban 618-58-9007	Containment demo Bldg #37 3rd floor	609072-01A	112	224	4	100	<7.6 #2	<0.013	0.013
02 Iernandez, Armando 654-28-6053	Containment demo Bldg #37 3rd floor	609072-02A	150	300	89	100	113.4 #8	0.145	0.010
03 Miranda, Oscar 636-45-5260	Containment preperation Bldg. #37 2nd floor	609072-03A	120	240	4.5	100	<7.6 #2	<0.012	0.012
04	Field	609072-04A	BLANK	BLANK	0	100	0.0	N/A	N/A
05	Lot	609072-05A	BLANK	BLANK	0	100	0.0	N/A	N/A

Allen Hlavacek  
LABORATORY MANAGER

09/18/96  
DATE

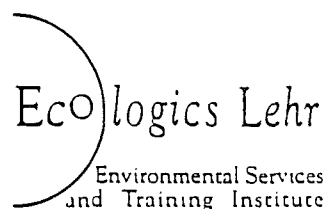
Carlos Mangin  
Laboratory Analyst

09/19/96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- \* PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- \* > = greater than / < = less than
- N/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- #2: Detection limit based on minimum fiber count.
- #8: Heavy particulate loading may have obscured smaller fibers.

# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

WORK SITE: McDonnell Douglas #37

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

REPORT DATE: 09/17/96  
SAMPLE(S) RECEIVED: 09/13/96  
SAMPLE(S) TAKEN: 09/12/96  
ECOLOGICS LABORATORY NO: 609065  
CLIENT PROJECT NO: 97-109A  
CLIENT PURCHASE ORDER NO: A9694  
NO. OF SAMPLE(S) ANALYZED: 7

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Torres, Sergio 659-09-9834	Inside demo Bldg. #37 2nd floor	609065-01A	135	270	4	100	<7.6 #2	<0.011	0.011
02 Padilla, Antonio 585-26-0014	Fireproofing removal 2nd floor Bldg. #37	609065-02A	150	300	2	100	<7.6 #2	<0.010	0.010
03 Vega, Ruben 573-77-5733	Inside demo Bldg. #37 3rd floor	609065-03A	150	300	6	100	7.6	0.010	0.010
04	Neg air exhaust, south side work area	609065-04A	180	1800	3.5	100	<7.6 #2	<0.002	0.002
05	Excursion Bldg. #37 2nd floor	609065-05A	30	60	1.5	100	<7.6 #2	<0.049	0.049
06	Field	609065-06A	BLANK	BLANK	1	100	1.3	N/A	N/A
07	Lot	609065-07A	BLANK	BLANK	0	100	0.0	N/A	N/A

Allen Hlavacek  
LABORATORY MANAGER

09/17/96  
DATE

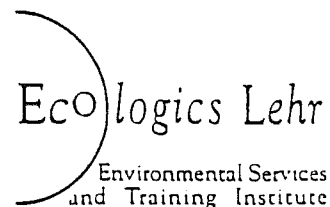
Carlos Mangin  
Laboratory Analyst

09/17/96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- \* PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- \* > = greater than / < = less than
- N/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- 2: Detection limit based on minimum fiber count.

# Ecologics Asbestos Laboratory Services



## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

REPORT DATE: 09/17/96  
SAMPLE(S) RECEIVED: 09/13/96  
SAMPLE(S) TAKEN: 09/12/96  
ECOLOGICS LABORATORY NO: 609067  
CLIENT PROJECT NO: 97-109A  
CLIENT PURCHASE ORDER NO: A9694  
NO. OF SAMPLE(S) ANALYZED: 6

WORK SITE: McDonnell Douglas #67

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Portillo, Herman 615-14-2287	V.A.T removal Bldg. #67 area #1	609067-01A	105	210	5.5	100	<7.6 #2	<0.014	0.014
02 Torres, Manuel 604-26-9398	V.A.T removal Bldg. #67 area #1	609067-02A	120	240	1	100	<7.6 #2	<0.012	0.012
03	Neg. air exhaust outside containment	609067-03A	120	1200	2.5	100	<7.6 #2	<0.002	0.002
04	Excursion Bldg. #67 area #1	609067-04A	30	60	5.5	100	<7.6 #2	<0.049	0.049
05	Field	609067-05A	BLANK	BLANK	1	100	1.3	N/A	N/A
06	Lot	609067-06A	BLANK	BLANK	0	100	0.0	N/A	N/A

Allen Hlavacek  
LABORATORY MANAGER

09/17/96  
DATE

Carlos Mangin  
Laboratory Analyst

09/17/96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- \* PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- \* > = greater than / < = less than
- N/A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- 2: Detection limit based on minimum fiber count.

# Ecologics Asbestos Laboratory Services

Ecologics Lehr  
Environmental Services  
and Training Institute

## Certificate of Analysis

DOHS CERTIFICATION NO. 1969

CLIENT: CST ENVIRONMENTAL  
2100 E. Via Burton Street  
Anaheim, CA 92806

WORK SITE: McDonnell Douglas

ANALYSIS: FIBERS (>5 MICRONS LONG) ON 25mm FILTERS

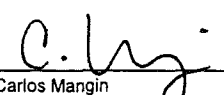
METHOD: PCM (PHASE CONTRAST MICROSCOPY) NIOSH 7400 "A" COUNTING RULES & OSHA/EPA REFERENCE METHOD

REPORT DATE: 09/13/96  
SAMPLE(S) RECEIVED: 09/12/96  
SAMPLE(S) TAKEN: 09/11/96  
ECOLOGICS LABORATORY NO: 609055  
CLIENT PROJECT NO: 97-109A  
CLIENT PURCHASE ORDER NO: A9689  
NO. OF SAMPLE(S) ANALYZED: 5

CLIENT SAMPLE ID NUMBER	SAMPLE LOCATION	LAB SAMPLE ID NUMBER	SAMPLE TIME (MIN)	SAMPLE VOLUME (L)	FIBERS COUNTED	FIELDS COUNTED	FIBER DENSITY (F/MM <sup>2</sup> )	FIBER CONCENTRATION	CALCULATED LOD (F/CC)
01 Vega, Oscar 621-09-6574	Below ceiling interior walls Bldg. 37 2nd floor	609055-01A	150	300	0	0	#17	N/A	N/A
02 Asis, Navarro 605-60-0487	Ceiling demo interior Bldg. 37 2nd floor	609055-02A	90	180	5	100	<7.6 #2	<0.016	0.016
03 Perez, Norman 683-86-8622	Below ceiling interior walls Bldg. 37 3rd floor	609055-03A	120	240	2.5	100	<7.6 #2	<0.012	0.012
04	Field	609055-04A	BLANK	BLANK	0	100	0.0	N/A	N/A
05	Lot	609055-05A	BLANK	BLANK	0	100	0.0	N/A	N/A

  
Allen Hlavacek  
LABORATORY MANAGER

09/13/96  
DATE

  
Carlos Mangin  
Laboratory Analyst

09/13/96  
DATE

### NOTE:

- \* Fibers smaller than 0.3 microns in diameter are not detected by PCM.
- \* PCM relative standard deviations range from 40 percent at low fiber density to 10 percent at high fiber density.
- Fibers/mm<sup>2</sup> = fibers per square millimeter.
- \* Fibers/cc = fibers per cubic centimeter of air.
- \* > = greater than / < = less than
- //A: Not applicable. Blank results reported as fiber density (f/mm<sup>2</sup>) only.
- 2: Detection limit based on minimum fiber count.
- #17: Sample not analyzed due to missing filter in cassette.



V

# Waste Manifests

#180

NO. 101438

# NON-HAZARDOUS WASTE DATA FORM

9/19/96

TO BE COMPLETED BY GENERATOR

NAME MC DONNELL DOUGLAS REALTY JOB#97-109A EPA I.D. NO. [REDACTED]

ADDRESS 4060 LAKEWOOD BLVD., 6TH ST PROFILE NO. [REDACTED]

CITY, STATE, ZIP LONG BEACH, CA 90808 PHONE NO. (310) 627-3014

CONTAINERS: No. \_\_\_\_\_ BAGS Volume \_\_\_\_\_ YARDS Weight \_\_\_\_\_

TYPE: ☐ TANK TRUCK ☐ DUMP TRUCK ☐ DRUM ☐ CARTONS ☒ OTHER ROLLOFF/CUBE VAN

WASTE DESCRIPTION NON-FRIABLE ASBESTOS GENERATING PROCESS REMOVAL

COMPONENTS OF WASTE			PPM	%	COMPONENTS OF WASTE			PPM	%
1.	_____	_____	_____	_____	5.	_____	_____	_____	_____
2.	_____	_____	_____	_____	6.	_____	_____	_____	_____
3.	_____	_____	_____	_____	7.	_____	_____	_____	_____
4.	_____	_____	_____	_____	8.	_____	_____	_____	_____

PROPERTIES: pH N/A ☒ SOLID ☐ LIQUID ☐ SLUDGE ☐ SLURRY ☐ OTHER \_\_\_\_\_

HANDLING INSTRUCTIONS: USE PROPER RESPIRATORY EQUIPMENT

THE GENERATOR CERTIFIES THAT THE WASTE AS DESCRIBED IS 100% NON-HAZARDOUS.

TYPED OR PRINTED FULL NAME & SIGNATURE [Signature] DATE 11-5-96

TRANSPORTER

NAME FALCON/ DISPOSAL SOUTHERN PACIFIC TRANSPORTATION EPA I.D. NO. [REDACTED]

ADDRESS 2531/ EAST/ 87TH/ STREET 1 MARKET PLAZA SERVICE ORDER NO. 6120658

CITY, STATE, ZIP LONG BEACH, CA 90805 SAN FRANCISCO, CA 94105 PICK UP DATE 11/5/96

PHONE NO. 310/638-4400/ (800) 576-8444

TRUCK, UNIT, I.D. NO. 179 Bin 247 96-1642

TYPED OR PRINTED FULL NAME & SIGNATURE [Signature] DATE 11/5/96

TSD FACILITY

NAME COPPER MOUNTAIN LANDFILL E C D C ENVIRON. EPA I.D. NO. [REDACTED]

ADDRESS AVENUE/ 34E/ / COCKAT/ 10TH/ STREET 1111 W. HWY 123 DISPOSAL METHOD ☒ LANDFILL ☐ OTHER \_\_\_\_\_

CITY, STATE, ZIP RENTON, WA 98055 EAST CARBON, UT 84530

PHONE NO. 520/782-6355 (800) 444-4451

TYPED OR PRINTED FULL NAME & SIGNATURE [Signature] DATE 11-15-96

GEN	OLD/NEW	L	A	TONS
TRANS		S	B	
C/Q		RT/CD	HWDF	NONE

DISCREPANCY

Darin T. Olson, Facility Engr.

NO. 101466

## NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR	NAME <u>MC DONNELL DOUGLAS REALTY CO.</u> JOB# <u>97-109</u> EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																	
	ADDRESS <u>4060 LAKEWOOD BLVD., 5TH FLOOR</u> PROFILE NO. <span style="background-color: black; color: black;">[REDACTED]</span>																	
	CITY, STATE, ZIP <u>LONG BEACH, CA 90808</u> PHONE NO. <u>(310) 627-3014</u>																	
	CONTAINERS: No. <u>CM</u> Volume <u>96</u> <sup>16</sup> <del>54</del> <sup>54</sup> <del>25</del> Weight <u>96</u> <sup>16</sup> <del>54</del> <sup>54</sup> <del>25</del>																	
TRANSPORTER	TYPE: <input checked="" type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DRUM <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> OTHER <u>ROLL-OFF/CURE VAN</u>																	
	WASTE DESCRIPTION <u>NON-FRIABLE ASBESTOS</u> GENERATING PROCESS <u>REMOVAL</u>																	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>COMPONENTS OF WASTE</th> <th>PPM</th> <th>%</th> </tr> </thead> <tbody> <tr><td>1. _____</td><td>_____</td><td>_____</td></tr> <tr><td>2. _____</td><td>_____</td><td>_____</td></tr> <tr><td>3. _____</td><td>_____</td><td>_____</td></tr> <tr><td>4. _____</td><td>_____</td><td>_____</td></tr> </tbody> </table>		COMPONENTS OF WASTE	PPM	%	1. _____	_____	_____	2. _____	_____	_____	3. _____	_____	_____	4. _____	_____	_____	
	COMPONENTS OF WASTE	PPM	%															
1. _____	_____	_____																
2. _____	_____	_____																
3. _____	_____	_____																
4. _____	_____	_____																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>COMPONENTS OF WASTE</th> <th>PPM</th> <th>%</th> </tr> </thead> <tbody> <tr><td>5. _____</td><td>_____</td><td>_____</td></tr> <tr><td>6. _____</td><td>_____</td><td>_____</td></tr> <tr><td>7. _____</td><td>_____</td><td>_____</td></tr> <tr><td>8. _____</td><td>_____</td><td>_____</td></tr> </tbody> </table>		COMPONENTS OF WASTE	PPM	%	5. _____	_____	_____	6. _____	_____	_____	7. _____	_____	_____	8. _____	_____	_____		
COMPONENTS OF WASTE	PPM	%																
5. _____	_____	_____																
6. _____	_____	_____																
7. _____	_____	_____																
8. _____	_____	_____																
TSD FACILITY	PROPERTIES: pH _____ <input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> OTHER _____																	
	HANDLING INSTRUCTIONS: <u>USE PROPER RESPIRATORY EQUIPMENT</u>																	
	<div style="border: 1px solid black; padding: 5px; display: inline-block;">             THE GENERATOR CERTIFIES THAT THE WASTE AS DESCRIBED IS 100% NON-HAZARDOUS.           </div>																	
	<u><i>Robert R. [Signature]</i></u> <sup>Daryl DeKard</sup> <u>10-9-96</u> TYPED OR PRINTED FULL NAME & SIGNATURE DATE																	
TSD FACILITY	NAME <u>UNION PACIFIC TRANSPORTATION</u> EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																	
	ADDRESS <u>1860 LINCOLN ST. 3RD FLOOR</u> SERVICE ORDER NO. _____																	
	CITY, STATE, ZIP <u>DENVER, CO 80295</u> PICK UP DATE <u>10-9-96</u>																	
	PHONE NO. <u>800-444-4451</u>																	
TSD FACILITY	TRUCK, UNIT, I.D. NO. <u>320</u> <u>96-1642</u>																	
	<u><i>STEVE BLANK</i></u> <u><i>Steve Blank</i></u> TYPED OR PRINTED FULL NAME & SIGNATURE DATE																	
	NAME <u>ECDC ENVIRONMENTAL</u> EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																	
	ADDRESS <u>1111 W. HWY 123</u> DISPOSAL METHOD <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER _____																	
TSD FACILITY	CITY, STATE, ZIP <u>EAST CARBON, UT 84520</u>																	
	PHONE NO. <u>800-444-4451</u>																	
	<u><i>D Olson</i></u> <u>10-16-96</u> TYPED OR PRINTED FULL NAME & SIGNATURE DATE																	
	Darin T. Olson, Facility Engr.																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>GEN</td> <td rowspan="3">OLD/NEW</td> <td>L</td> <td>A</td> <td rowspan="3">TONS</td> </tr> <tr> <td>TRANS</td> <td>S</td> <td>B</td> </tr> <tr> <td>C/O</td> <td>RT/CD</td> <td>HWDF</td> </tr> <tr> <td colspan="4"></td> <td>NONE</td> </tr> </table>			GEN	OLD/NEW	L	A	TONS	TRANS	S	B	C/O	RT/CD	HWDF					NONE
GEN	OLD/NEW	L	A		TONS													
TRANS		S	B															
C/O		RT/CD	HWDF															
				NONE														
DISCREPANCY _____																		

NO. 101467

## NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR	NAME <u>MC DONNELL DOUGLAS REALTY CO.</u> CST JOB# <u>97-109A</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																														
	ADDRESS <u>4060 LAKEWOOD BLVD., 6TH FLOOR</u>		PROFILE NO. <span style="background-color: black; color: black;">[REDACTED]</span>																														
	CITY, STATE, ZIP <u>LONG BEACH, CA 90802</u>		PHONE NO. <u>(310) 627-3014</u>																														
	CONTAINERS: No. <u>CM</u> Volume <u>        </u> YARDS <u>        </u> Weight <u>        </u>																																
TRANSPORTER	TYPE: <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DRUM <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> OTHER <u>ROLLOFF/CUBE VAN</u>																																
	WASTE DESCRIPTION <u>NON-FRIABLE ASBESTOS</u> GENERATING PROCESS <u>REMOVAL</u>																																
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">COMPONENTS OF WASTE</th> <th style="width: 10%;">PPM</th> <th style="width: 10%;">%</th> <th style="width: 40%;">COMPONENTS OF WASTE</th> <th style="width: 10%;">PPM</th> <th style="width: 10%;">%</th> </tr> </thead> <tbody> <tr><td>1. <u>        </u></td><td><u>        </u></td><td><u>        </u></td><td>5. <u>        </u></td><td><u>        </u></td><td><u>        </u></td></tr> <tr><td>2. <u>        </u></td><td><u>        </u></td><td><u>        </u></td><td>6. <u>        </u></td><td><u>        </u></td><td><u>        </u></td></tr> <tr><td>3. <u>        </u></td><td><u>        </u></td><td><u>        </u></td><td>7. <u>        </u></td><td><u>        </u></td><td><u>        </u></td></tr> <tr><td>4. <u>        </u></td><td><u>        </u></td><td><u>        </u></td><td>8. <u>        </u></td><td><u>        </u></td><td><u>        </u></td></tr> </tbody> </table>			COMPONENTS OF WASTE	PPM	%	COMPONENTS OF WASTE	PPM	%	1. <u>        </u>	<u>        </u>	<u>        </u>	5. <u>        </u>	<u>        </u>	<u>        </u>	2. <u>        </u>	<u>        </u>	<u>        </u>	6. <u>        </u>	<u>        </u>	<u>        </u>	3. <u>        </u>	<u>        </u>	<u>        </u>	7. <u>        </u>	<u>        </u>	<u>        </u>	4. <u>        </u>	<u>        </u>	<u>        </u>	8. <u>        </u>	<u>        </u>	<u>        </u>
	COMPONENTS OF WASTE	PPM	%	COMPONENTS OF WASTE	PPM	%																											
	1. <u>        </u>	<u>        </u>	<u>        </u>	5. <u>        </u>	<u>        </u>	<u>        </u>																											
	2. <u>        </u>	<u>        </u>	<u>        </u>	6. <u>        </u>	<u>        </u>	<u>        </u>																											
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	4. <u>        </u>	<u>        </u>	<u>        </u>	8. <u>        </u>	<u>        </u>	<u>        </u>																											
	PROPERTIES: pH <u>        </u> <input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> OTHER <u>        </u>																																
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<u><i>Rickie Dickard</i></u> <span style="float: right;"><u>10/09/96</u></span> TYPED OR PRINTED FULL NAME & SIGNATURE <span style="float: right;">DATE</span>																																	
TSD FACILITY	NAME <u>UNION PACIFIC TRANSPORTATION</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																														
	ADDRESS <u>1860 LINCOLN ST. 3RD FLOOR</u>		SERVICE ORDER NO. <u>        </u>																														
	CITY, STATE, ZIP <u>DENVER, CO 30295</u>		PICK UP DATE <u>        </u>																														
	PHONE NO. <u>300-576-8444</u>																																
	TRUCK, UNIT, I.D. NO. <u>252</u>		<u><i>Lois Kantana</i></u> <span style="float: right;"><u>10-9-96</u></span> TYPED OR PRINTED FULL NAME & SIGNATURE <span style="float: right;">DATE</span>																														
TSD FACILITY	NAME <u>ECDC ENVIRONMENTAL</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																														
	ADDRESS <u>1111 W. HWY 123</u>		DISPOSAL METHOD																														
	CITY, STATE, ZIP <u>EAST CARBON, UT 84520</u>		<input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER <u>        </u>																														
	PHONE NO. <u>800-444-4451</u>																																
	<u><i>Darlin Olson</i></u> <span style="float: right;"><u>10-16-96</u></span> TYPED OR PRINTED FULL NAME & SIGNATURE <span style="float: right;">DATE</span>																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">GEN</td> <td rowspan="3" style="width: 15%;">OLD/NEW</td> <td style="width: 10%;">L</td> <td style="width: 10%;">A</td> <td rowspan="3" style="width: 15%;">TONS</td> <td rowspan="4" style="width: 30%;">DISCREPANCY</td> </tr> <tr> <td>TRANS</td> <td>S</td> <td>B</td> </tr> <tr> <td>C/Q</td> <td>RT/CD</td> <td>HWDF</td> </tr> <tr> <td colspan="3"></td> <td>NONE</td> </tr> </table>				GEN	OLD/NEW	L	A	TONS	DISCREPANCY	TRANS	S	B	C/Q	RT/CD	HWDF				NONE														
GEN	OLD/NEW	L	A	TONS		DISCREPANCY																											
TRANS		S	B																														
C/Q		RT/CD	HWDF																														
			NONE																														

NO. 101468

## NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR	NAME <u>MC DONNELL DOUGLAS REALTY CO.</u> CST JOB# <u>97-1091</u>		EPA I.D. NO. <u>[REDACTED]</u>												
	ADDRESS <u>4060 LAKEWOOD BLVD., 6TH FLOOR</u>		PROFILE NO. <u>[REDACTED]</u>												
	CITY, STATE, ZIP <u>LONG BEACH, CA 90808</u>		PHONE NO. <u>(310) 627-3014</u>												
	CONTAINERS: No. <u>410227</u> CM <u>96-1642</u> Volume <u>40</u> YARDS Weight _____														
	TYPE: <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DRUM <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> OTHER <u>ROLLOFF/CUBEVAN</u>														
	WASTE DESCRIPTION <u>NON-FRIABLE ASBESTOS</u>		GENERATING PROCESS <u>REMOVAL</u>												
	COMPONENTS OF WASTE PPM % 1. _____ 2. _____ 3. _____ 4. _____		COMPONENTS OF WASTE PPM % 5. _____ 6. _____ 7. _____ 8. _____												
	PROPERTIES: pH _____ <input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> OTHER _____ HANDLING INSTRUCTIONS: <u>USE PROPER RESPIRATORY EQUIPMENT</u>														
TRANSPORTER	NAME <u>UNION PACIFIC TRANSPORTATION</u>		EPA I.D. NO. <u>[REDACTED]</u>												
	ADDRESS <u>1860 LINCOLN ST. 3RD FLOOR</u>		SERVICE ORDER NO. <u>C119724</u>												
	CITY, STATE, ZIP <u>DENVER, CO 80295</u>		PICK UP DATE <u>10/11/96</u>												
	PHONE NO. <u>300-576-3444</u>														
TSD FACILITY	NAME <u>ECDC ENVIRONMENTAL</u>		EPA I.D. NO. <u>[REDACTED]</u>												
	ADDRESS <u>1111 W. HWY 123</u>		DISPOSAL METHOD <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER _____												
	CITY, STATE, ZIP <u>EAST CARBON, UT 84520</u>														
	PHONE NO. <u>800-444-4451</u>														
		TYPED OR PRINTED FULL NAME & SIGNATURE <u>[Signature]</u> DATE <u>10-22-96</u> <u>Darin T. Olson, Facility Engr.</u>													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>GEN</td> <td rowspan="3">OLD/NEW</td> <td>L</td> <td>A</td> <td rowspan="2">TONS</td> </tr> <tr> <td>TRANS</td> <td>S</td> <td>B</td> </tr> <tr> <td>C/Q</td> <td>RT/CD</td> <td>HWDF</td> <td>NONE</td> </tr> </table>		GEN	OLD/NEW	L	A	TONS	TRANS	S	B	C/Q	RT/CD	HWDF	NONE	DISCREPANCY _____	
GEN	OLD/NEW	L		A	TONS										
TRANS		S		B											
C/Q		RT/CD	HWDF	NONE											

# NON-HAZARDOUS WASTE FORM

TO BE COMPLETED BY GENERATOR

NAME MC DONNELL DOUGLAS REALTY CO. CST JOB #97-109A

ADDRESS 4060 LAKEWOOD BLVD., 6TH FLOOR

CITY, STATE, ZIP LONG BEACH, CA 90808

CONTAINERS: No. 5102806 CM Volume 42 YARDS 42 Weight 96-14

TYPE: ☐ TANK TRUCK ☐ DUMP TRUCK ☒ DRUM ☐ CARTONS ☒ OTHER ROLLOFF/CUBE VAN

WASTE DESCRIPTION NON-FRIABLE ASBESTOS GENERATING PROCESS REMOVAL

COMPONENTS OF WASTE		PPM	%	COMPONENTS OF WASTE	
1.				5.	
2.				6.	
3.				7.	
4.				8.	

PROPERTIES: pH        ☐ SOLID ☐ LIQUID ☐ SLUDGE ☐ SLURRY ☐ OTHER       

HANDLING INSTRUCTIONS: USE PROPER RESPIRATORY EQUIPMENT

THE GENERATOR CERTIFIES THAT THE WASTE AS DESCRIBED IS 100% NON-HAZARDOUS.

Ricky Rickard / Ricky Rickard 10/10/96  
TYPED OR PRINTED FULL NAME & SIGNATURE DATE

TRANSPORTER

NAME UNION PACIFIC TRANSPORTATION

ADDRESS 1860 LINCOLN ST. 3RD FLOOR

CITY, STATE, ZIP DENVER, CO 80295

PHONE NO. 800-576-3444

TRUCK, UNIT, I.D. NO. 179-3880

EPA I.D. NO.       

SERVICE ORDER NO. C119721

PICK UP DATE 10/10/96

Thomas Blessie / Thomas Blessie 10/10/96  
TYPED OR PRINTED FULL NAME & SIGNATURE DATE

TSD FACILITY

NAME ECDC ENVIRONMENTAL

ADDRESS 1111 W. HWY 123

CITY, STATE, ZIP EAST CARBON, UT 84520

PHONE NO. 800-444-4451

EPA I.D. NO.       

DISPOSAL METHOD ☒ LANDFILL ☐ OTHER       

Darion T. Olson 10-22-96  
TYPED OR PRINTED FULL NAME & SIGNATURE DATE

Darion T. Olson, Facility Engr.

GEN	OLD/NEW	L	A	TONS
TRANS		S	B	
C/O		RT/CD	HWDF	NONE

DISCREPANCY

NO. 101470

## NON-HAZARDOUS WASTE DATA FORM


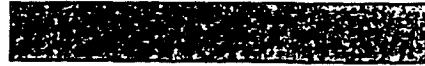


TO BE COMPLETED BY GENERATOR	NAME <u>MC DONNELL DOUGLAS REALTY CO. CST JOB#97-109</u> EPA I.D. NO. <u>[REDACTED]</u>			
	ADDRESS <u>4060 LAKEWOOD BLVD., 6TH &amp; FLOOR</u>			
	CITY, STATE, ZIP <u>LONG BEACH, CA 90808</u> PROFILE NO. <u>[REDACTED]</u>			
	PHONE NO. <u>(310) 527-3014</u>			
	CONTAINERS: No. <u>                    </u> CM	Volume <u>                    </u> YARDS Weight <u>                    </u>		
	TYPE: <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DRUM <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> OTHER <u>ROLLOFF/CUBE VAN</u>			
	WASTE DESCRIPTION <u>NON-FRIABLE ASEESTOS</u> GENERATING PROCESS <u>REMOVAL</u>			
	COMPONENTS OF WASTE	PPM %		
	1. <u>                    </u>	<u>                    </u>		
	2. <u>                    </u>	<u>                    </u>		
	3. <u>                    </u>	<u>                    </u>		
	4. <u>                    </u>	<u>                    </u>		
	5. <u>                    </u>	<u>                    </u>		
	6. <u>                    </u>	<u>                    </u>		
	7. <u>                    </u>	<u>                    </u>		
	8. <u>                    </u>	<u>                    </u>		
	PROPERTIES: pH <u>          </u> <input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> OTHER <u>                    </u>			
	HANDLING INSTRUCTIONS: <u>USE PROPER RESPIRATORY EQUIPMENT</u>			
	THE GENERATOR CERTIFIES THAT THE WASTE AS DESCRIBED IS 100% NON-HAZARDOUS. <u>Ricky Rickard</u> <u>10/10/96</u> TYPED OR PRINTED FULL NAME & SIGNATURE DATE			
TRANSPORTER	NAME <u>UNION PACIFIC TRANSPORTATION</u> EPA I.D. NO. <u>[REDACTED]</u>			
	ADDRESS <u>1860 LINCOLN ST. 3RD FLOOR</u>			
	CITY, STATE, ZIP <u>DENVER, CO 80295</u> SERVICE ORDER NO. <u>                    </u>			
	PHONE NO. <u>800-576-8444</u> PICK UP DATE <u>                    </u>			
	TRUCK, UNIT, I.D. NO. <u>96-1642</u> <u>PAUL LESCHKE</u> <u>10-26-96</u> <u>ELC 4 1973</u> TYPED OR PRINTED FULL NAME & SIGNATURE DATE			
TSD FACILITY	NAME <u>ECDC ENVIRONMENTAL</u> EPA I.D. NO. <u>[REDACTED]</u>			
	ADDRESS <u>1111 W. HWY 123</u>			
	CITY, STATE, ZIP <u>EAST CARBON, UT 84520</u> DISPOSAL METHOD <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER <u>                    </u>			
	PHONE NO. <u>800-444-4451</u> <u>Darin T. Olson</u> <u>11/12/96</u> TYPED OR PRINTED FULL NAME & SIGNATURE DATE Darin T. Olson, Facility Engr.			
GEN	OLD/NEW	L	A	TONS
TRANS		S	B	
C/O		RT/CD	HWDF	NONE
DISCREPANCY				



Bin 532

NO. 101474

# NON-HAZARDOUS WASTE DATA FORM


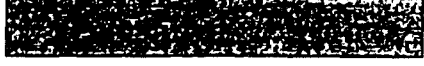


<b>TO BE COMPLETED BY GENERATOR</b>	NAME <u>MC DONNELL DOUGLAS REALTY CO CST JOB#97-109A</u>		EPA I.D. NO. 
	ADDRESS <u>4060 LAKEWOOD BLVD., 6TH FLOOR</u>		PROFILE NO. 
	CITY, STATE, ZIP <u>LONG BEACH, CA 90808</u>		PHONE NO. <u>(310) 627-3014</u>
	CONTAINERS: No. <u>                    </u> BAGS <u>                    </u> Volume <u>                    </u> YARDS <u>                    </u> Weight <u>                    </u>		
<b>TRANSPORTER</b>	TYPE: <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DRUM <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> OTHER <u>ROLLOFF/CUBE VAN</u>		
	WASTE DESCRIPTION <u>NON-FRIABLE ASBESTOS</u>		GENERATING PROCESS <u>REMOVAL</u>
	COMPONENTS OF WASTE PPM %		COMPONENTS OF WASTE PPM %
	1. <u>                    </u> <u>                    </u> <u>                    </u>		5. <u>                    </u> <u>                    </u> <u>                    </u>
<b>TSD FACILITY</b>	2. <u>                    </u> <u>                    </u> <u>                    </u>		6. <u>                    </u> <u>                    </u> <u>                    </u>
	3. <u>                    </u> <u>                    </u> <u>                    </u>		7. <u>                    </u> <u>                    </u> <u>                    </u>
	4. <u>                    </u> <u>                    </u> <u>                    </u>		8. <u>                    </u> <u>                    </u> <u>                    </u>
	PROPERTIES: pH <u>          </u> <input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> OTHER <u>                    </u>		
HANDLING INSTRUCTIONS: <u>USE PROPER RESPIRATORY EQUIPMENT</u>			
THE GENERATOR CERTIFIES THAT THE WASTE AS DESCRIBED IS 100% NON-HAZARDOUS.			
Ricky Rickard / Rick Rickard 10/16/96			
TYPED OR PRINTED FULL NAME & SIGNATURE			DATE
<b>TRANSPORTER</b>	NAME <u>UNION PACIFIC TRANSPORTATION</u>		EPA I.D. NO. 
	ADDRESS <u>1860 LINCOLN ST. 3RD FLOOR</u>		SERVICE ORDER NO. <u>C120115</u>
	CITY, STATE, ZIP <u>DENVER, CO 80295</u>		PICK UP DATE <u>10/16/96</u>
	PHONE NO. <u>800-576-8444</u>		
TRUCK, UNIT, I.D. NO. <u>155/1236</u>		Tom Castillo Tom Castillo 10-16-96	
TYPED OR PRINTED FULL NAME & SIGNATURE		DATE	
<b>TSD FACILITY</b>	NAME <u>ECDC ENVIRONMENTAL</u>		EPA I.D. NO. 
	ADDRESS <u>1111 W. HWY 123</u>		DISPOSAL METHOD <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER <u>                    </u>
	CITY, STATE, ZIP <u>EAST CARBON, UT 9520</u>		
	PHONE NO. <u>800-444-4451</u>		
Darin T. Olson 10-31-96			
TYPED OR PRINTED FULL NAME & SIGNATURE		DATE	
Darin T. Olson, Facility Engr.			
GEN OLD/NEW L A TONS			
TRANS S B			
C/Q RT/CD HWDF NONE		DISCREPANCY	

Bin 532 10-31-96

Bin 386





NO. 101475

# NON-HAZARDOUS WASTE DATA FORM

<b>TO BE COMPLETED BY GENERATOR</b>	NAME <u>MC DONNELL DOUGLAS REALTY CO. CST JOB#97-109A</u>		EPA I.D. NO. 																														
	ADDRESS <u>4060 LAKEWOOD BLVD., 6TH FLOOR</u>		PROFILE NO. 																														
	CITY, STATE, ZIP <u>LONG BEACH, CA 90808</u>		PHONE NO. <u>310 627-3014</u>																														
	CONTAINERS: No. <u>ECU 386</u> <u>BAGS</u> Volume <u>96-1042</u> YARDS <u>Weight</u>																																
<b>TRANSPORTER</b>	TYPE: <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DRUM <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> OTHER <u>ROLLOFF/CUBE VAN</u>																																
	WASTE DESCRIPTION <u>NON-FRIABLE ASBESTO S</u>		GENERATING PROCESS <u>REMOVAL</u>																														
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>COMPONENTS OF WASTE</th> <th>PPM</th> <th>%</th> </tr> </thead> <tbody> <tr><td>1. _____</td><td>_____</td><td>_____</td></tr> <tr><td>2. _____</td><td>_____</td><td>_____</td></tr> <tr><td>3. _____</td><td>_____</td><td>_____</td></tr> <tr><td>4. _____</td><td>_____</td><td>_____</td></tr> </tbody> </table>		COMPONENTS OF WASTE	PPM	%	1. _____	_____	_____	2. _____	_____	_____	3. _____	_____	_____	4. _____	_____	_____	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>COMPONENTS OF WASTE</th> <th>PPM</th> <th>%</th> </tr> </thead> <tbody> <tr><td>5. _____</td><td>_____</td><td>_____</td></tr> <tr><td>6. _____</td><td>_____</td><td>_____</td></tr> <tr><td>7. _____</td><td>_____</td><td>_____</td></tr> <tr><td>8. _____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	COMPONENTS OF WASTE	PPM	%	5. _____	_____	_____	6. _____	_____	_____	7. _____	_____	_____	8. _____	_____	_____
	COMPONENTS OF WASTE	PPM	%																														
1. _____	_____	_____																															
2. _____	_____	_____																															
3. _____	_____	_____																															
4. _____	_____	_____																															
COMPONENTS OF WASTE	PPM	%																															
5. _____	_____	_____																															
6. _____	_____	_____																															
7. _____	_____	_____																															
8. _____	_____	_____																															
PROPERTIES: pH _____ <input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> OTHER _____ HANDLING INSTRUCTIONS: <u>USE PROPER RESPIRATORY EQUIPMENT</u>																																	
THE GENERATOR CERTIFIES THAT THE WASTE AS DESCRIBED IS 100% NON-HAZARDOUS.		<u>Ricky Betsen / Ricky Betsen</u> 10/16/96 TYPED OR PRINTED FULL NAME & SIGNATURE DATE																															
<b>TSD FACILITY</b>	NAME <u>UNION PACIFIC TRANSPORTATION</u>		EPA I.D. NO. 																														
	ADDRESS <u>1860 LINCOLN ST. 3RD FLOOR</u>		SERVICE ORDER NO. <u>C120115</u>																														
	CITY, STATE, ZIP <u>DENVER, CO 80295</u>		PICK UP DATE <u>10/16-96</u>																														
	PHONE NO. <u>800-576-8444</u>																																
TRUCK, UNIT I.D. NO. <u>155/1239</u>		<u>Tom Castillo, Tom Castillo</u> 10/16/96 TYPED OR PRINTED FULL NAME & SIGNATURE DATE																															
<b>TSD FACILITY</b>	NAME <u>ECDC ENVIRONMENTAL</u>		EPA I.D. NO. 																														
	ADDRESS <u>1111 W. HWY 123</u>		DISPOSAL METHOD																														
	CITY, STATE, ZIP <u>EAST CARBON, UT 84520</u>		<input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER _____																														
	PHONE NO. <u>800-444-4451</u>																																
<u>Darlin T. Olson</u> 10-31-96 TYPED OR PRINTED FULL NAME & SIGNATURE DATE		Darin T. Olson, Facility Engr.																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>GEN</td> <td rowspan="3">OLD/NEW</td> <td>L</td> <td>A</td> <td rowspan="2">TONS</td> </tr> <tr> <td>TRANS</td> <td>S</td> <td>B</td> </tr> <tr> <td>C/Q</td> <td>RT/CD</td> <td colspan="2">HWDF</td> <td>NONE</td> </tr> </table>		GEN	OLD/NEW	L	A	TONS	TRANS	S	B	C/Q	RT/CD	HWDF		NONE	DISCREPANCY																		
GEN	OLD/NEW	L		A	TONS																												
TRANS		S		B																													
C/Q		RT/CD	HWDF		NONE																												





NO. 101480

## NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR	NAME <u>McDONNELL DOWGLAS</u> <u>503-977-109A</u>		EPA I.D. NO. 												
	ADDRESS <u>4060 LAKEWOOD BLVD. 6th FLOOR</u>		PROFILE NO. 												
	CITY, STATE, ZIP <u>LONG BEACH, CA. 90808</u>		PHONE NO. <u>(513) 627-3024</u>												
	CONTAINERS: No. <u>BAGS</u> Volume <u>YARD</u> Weight _____														
TRANSPORTER	TYPE: <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DRUM <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> OTHER <u>Roll off / cube Van</u>														
	WASTE DESCRIPTION <u>NON FRIABLE ASBESTOS</u>		GENERATING PROCESS <u>REMOVAL</u>												
	COMPONENTS OF WASTE PPM %		COMPONENTS OF WASTE PPM %												
	1. _____ 2. _____ 3. _____ 4. _____		5. _____ 6. _____ 7. _____ 8. _____												
TSD FACILITY	PROPERTIES: pH _____ <input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> OTHER _____														
	HANDLING INSTRUCTIONS: <u>USE PROPER RESPIRATORY EQUIPMENT</u>														
	THE GENERATOR CERTIFIES THAT THE WASTE AS DESCRIBED IS 100% NON-HAZARDOUS.														
	TYPED OR PRINTED FULL NAME & SIGNATURE <u>Ricky Rickard</u> DATE _____														
TSD FACILITY	NAME <u>UNION PACIFIC TRANSPORTATION</u>		EPA I.D. NO. 												
	ADDRESS <u>1360 LINCOLN ST. 3RD FL</u>		SERVICE ORDER NO. _____												
	CITY, STATE, ZIP <u>DENVER, CO. 80295</u>		PICK UP DATE _____												
	PHONE NO. <u>800-576-8444</u>														
TSD FACILITY	TRUCK, UNIT, I.D. NO. <u>96-1642</u> Bin 1987 96-1642		TYPED OR PRINTED FULL NAME & SIGNATURE _____ DATE _____												
	NAME <u>ELDC ENVIRONMENTAL</u>		EPA I.D. NO. 												
	ADDRESS <u>1111 W. HWY 123</u>		DISPOSAL METHOD <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER _____												
	CITY, STATE, ZIP <u>EAST CARBON, UT. 84520</u>		PHONE NO. <u>800-444-4451</u>												
TYPED OR PRINTED FULL NAME & SIGNATURE <u>Darin T. Olson</u> DATE <u>11-11-96</u>		Darin T. Olson, Facility Engr.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>GEN</td> <td rowspan="3">OLD/NEW</td> <td>L</td> <td>A</td> <td rowspan="2">TONS</td> </tr> <tr> <td>TRANS</td> <td>S</td> <td>B</td> </tr> <tr> <td>C/O</td> <td>RT/CD</td> <td>HWDF</td> <td>NONE</td> </tr> </table>		GEN	OLD/NEW	L	A	TONS	TRANS	S	B	C/O	RT/CD	HWDF	NONE	DISCREPANCY _____	
GEN	OLD/NEW	L		A	TONS										
TRANS		S		B											
C/O		RT/CD	HWDF	NONE											

NO. 101481

## NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR	NAME <u>MCDONNELL DOUGLAS JOB#97-109A</u>		EPA I.D. NO. 	
	ADDRESS <u>4060 LAKEWOOD BLVD., WESTFORD</u>		PROFILE NO. 	
	CITY, STATE, ZIP <u>LONG BEACH, CA. 90808</u>		PHONE NO. <u>310 627-3024</u>	
	CONTAINERS: No. <u>6965</u>	Volume <u>YARDS</u>	Weight _____	
TRANSPORTER	TYPE: <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DRUM <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> OTHER <u>Roll-off / cube van</u>			
	WASTE DESCRIPTION <u>NON-FRIABLE ASPBESTOS</u>		GENERATING PROCESS <u>Removal</u>	
	COMPONENTS OF WASTE PPM %		COMPONENTS OF WASTE PPM %	
	1. _____	_____	5. _____	
	2. _____	_____	6. _____	
	3. _____	_____	7. _____	
	4. _____	_____	8. _____	
	PROPERTIES: pH _____ <input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> OTHER _____			
	HANDLING INSTRUCTIONS: <u>USE PROPER RESPIRATORY EQUIPMENT</u>			
	<div style="border: 1px solid black; padding: 5px; display: inline-block;">             THE GENERATOR CERTIFIES THAT THE WASTE AS DESCRIBED IS 100% NON-HAZARDOUS.           </div> <div style="margin-left: 20px;"> <u>Ricky Dickerson</u>              TYPED OR PRINTED FULL NAME &amp; SIGNATURE           </div> <div style="margin-left: 20px;">             DATE           </div>			
TSD FACILITY	NAME <u>UNION PACIFIC TRANSPORTATION</u>		EPA I.D. NO. 	
	ADDRESS <u>1360 LINCOLN ST. 3RD FLOOR</u>		SERVICE ORDER NO. <u>41160</u>	
	CITY, STATE, ZIP <u>DENVER, CO 80295</u>		PICK UP DATE <u>10-29-96</u>	
	PHONE NO. <u>300-570-3444</u>			
	TRUCK, UNIT, I.D. NO. <u>15-CWT</u>		<u>FRED OSBURN</u> TYPED OR PRINTED FULL NAME & SIGNATURE	
		DATE <u>10-29-96</u>		
		<u>ECCU-1920 96-1642</u>		
TSD FACILITY	NAME <u>ELDC ENVIRONMENTAL</u>		EPA I.D. NO. 	
	ADDRESS <u>1111 W. HWY 123</u>		DISPOSAL METHOD	
	CITY, STATE, ZIP <u>EAST CARBON, VT. 84520</u>		<input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER _____	
	PHONE NO. <u>800-444-4451</u>			
	<u>Darin T. Olson</u> TYPED OR PRINTED FULL NAME & SIGNATURE		DATE <u>11/08/96</u>	
Darin T. Olson, Facility Engr.				
GEN	OLD/NEW	L	A	TONS
TRANS		S	B	
C/Q		RT/CD	HWDF NONE	
DISCREPANCY				


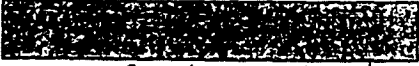
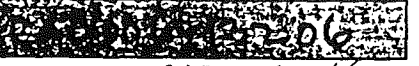

NO. 101482

## NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR	NAME <u>MCDONNELL DOUGLAS REACH CO.</u>		EPA I.D. NO. <u>[REDACTED]</u>											
	ADDRESS <u>4060 LAKEWOOD BLVD. 6th FLOOR</u>		PROFILE NO. <u>[REDACTED]</u>											
	CITY, STATE, ZIP <u>LONG BEACH, CO. 90808</u>		PHONE NO. <u>(310) 627-3014</u>											
	CONTAINERS: No. <u>BAGS</u>	Volume <u>YARDS</u>	Weight _____											
	TYPE: <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DRUM <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> OTHER <u>Roll off / CUBE VAN</u>													
	WASTE DESCRIPTION <u>NON-FRIABLE ASBESTOS</u>		GENERATING PROCESS <u>REMOVAL</u>											
	COMPONENTS OF WASTE PPM % 1. _____ 2. _____ 3. _____ 4. _____		COMPONENTS OF WASTE PPM % 5. _____ 6. _____ 7. _____ 8. _____											
	PROPERTIES: pH _____ <input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> OTHER HANDLING INSTRUCTIONS: <u>USE PROPER RESPIRATORY EQUIPMENT</u>													
THE GENERATOR CERTIFIES THAT THE WASTE AS DESCRIBED IS 100% NON-HAZARDOUS.														
TYPED OR PRINTED FULL NAME & SIGNATURE _____ DATE _____														
TRANSPORTER	NAME <u>UNION PACIFIC TRANSPORTATION</u>		EPA I.D. NO. <u>[REDACTED]</u>											
	ADDRESS <u>1860 LINCOLN ST. 3rd FLOOR</u>		SERVICE ORDER NO. <u>6120656</u>											
	CITY, STATE, ZIP <u>DENVER, CO. 80295</u>		PICK UP DATE <u>10/31/96</u>											
	PHONE NO. <u>(303) 576-3444</u>													
TRUCK, UNIT, I.D. NO. <u>135</u>		TYPED OR PRINTED FULL NAME & SIGNATURE <u>Thomas Blawie</u> DATE <u>10/31/96</u>												
TYPED OR PRINTED FULL NAME & SIGNATURE _____ DATE _____														
TSD FACILITY	NAME <u>ECOC ENVIRONMENTAL</u>		EPA I.D. NO. <u>[REDACTED]</u>											
	ADDRESS <u>1111 W. HWY 123</u>		DISPOSAL METHOD											
	CITY, STATE, ZIP <u>EST CARBON, UT 84520</u>		<input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER											
	PHONE NO. <u>(303) 444-4451</u>													
TYPED OR PRINTED FULL NAME & SIGNATURE <u>D Olson</u>		DATE <u>11-12-96</u>												
TYPED OR PRINTED FULL NAME & SIGNATURE _____ DATE _____														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>GEN</td> <td rowspan="3">OLD/NEW</td> <td>L</td> <td>A</td> <td rowspan="3">TONS</td> </tr> <tr> <td>TRANS</td> <td>S</td> <td>B</td> </tr> <tr> <td>C/O</td> <td>RT/CD</td> <td>HWDF NONE</td> </tr> </table>				GEN	OLD/NEW	L	A	TONS	TRANS	S	B	C/O	RT/CD	HWDF NONE
GEN	OLD/NEW	L	A	TONS										
TRANS		S	B											
C/O		RT/CD	HWDF NONE											
Darin T. Olson, Facility Engr.														
DISCREPANCY														





NO. 101483

## NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR	NAME <u>MCDONNELL DOWGLAS REALTY CO. JOB# 12-1074</u>		EPA I.D. NO. 	
	ADDRESS <u>4060 LAKEWOOD BLVD. 6TH FLOOR</u>		PROFILE NO. 	
	CITY, STATE, ZIP <u>LONG BEACH, CA. 90803</u>		PHONE NO. <u>(312) 627-3014</u>	
	CONTAINERS: No. <u>BAGS</u>	Volume <u>YRDS</u>	Weight _____	
TRANSPORTER	TYPE: <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DRUM <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> OTHER <u>Roll off / CURB VAN</u>			
	WASTE DESCRIPTION <u>NON-FRIABLE ASBESTOS</u>		GENERATING PROCESS <u>REMOVAL</u>	
	COMPONENTS OF WASTE	PPM	%	
	1. _____	_____	_____	
	2. _____	_____	_____	
	3. _____	_____	_____	
	4. _____	_____	_____	
	5. _____	_____	_____	
	6. _____	_____	_____	
	7. _____	_____	_____	
8. _____	_____	_____		
PROPERTIES: pH _____ <input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> OTHER _____				
HANDLING INSTRUCTIONS: <u>USE PROPER RESPIRATORY EQUIPMENT</u>				
<div style="border: 1px solid black; padding: 2px; display: inline-block;">             THE GENERATOR CERTIFIES THAT THE WASTE AS DESCRIBED IS 100% NON-HAZARDOUS.           </div>				
TYPED OR PRINTED FULL NAME & SIGNATURE _____		DATE _____		
TSD FACILITY	NAME <u>UNION PACIFIC TRANSPORTATION</u>		EPA I.D. NO. 	
	ADDRESS <u>1360 LINCOLN ST. 3RD FLOOR</u>		SERVICE ORDER NO. <u>C120654</u>	
	CITY, STATE, ZIP <u>DENVER, CO 80295</u>		PICK UP DATE <u>12/11/96</u>	
	PHONE NO. <u>(303) 576-3444</u>			
	TRUCK, UNIT, I.D. NO. <u>ECC-2010-96-1642</u>			
	<u>Thomas Blessie</u> TYPED OR PRINTED FULL NAME & SIGNATURE _____		DATE <u>10/31/96</u>	
TSD FACILITY	NAME <u>ELDC ENVIRONMENTAL</u>		EPA I.D. NO. 	
	ADDRESS <u>1111 W. HWY 123</u>		DISPOSAL METHOD	
	CITY, STATE, ZIP <u>EAST COBSON, UT 84520</u>		<input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER _____	
	PHONE NO. <u>(800) 444-4451</u>			
	<u>Darín T. Olson</u> TYPED OR PRINTED FULL NAME & SIGNATURE _____		DATE <u>11-12-96</u>	
	Darín T. Olson, Facility Engr.			
GEN	OLD/NEW	L	A	TONS
TRANS		S	B	
C/Q		RT/CD	HWDF	NONE




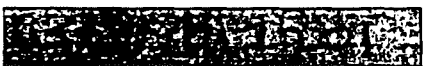
NO. 101484

## NON-HAZARDOUS WASTE DATA FORM

<b>TO BE COMPLETED BY GENERATOR</b>	NAME <u>MCDONNELL DOUGLAS REATH JOB# TT-K9A</u>		EPA I.D. NO. 											
	ADDRESS <u>4060 LAKEWOOD BLVD., 6TH FLOOR</u>		PROFILE NO. 											
	CITY, STATE, ZIP <u>LONG BEACH, CA. 90803</u>		PHONE NO. <u>310 627-3014</u>											
	CONTAINERS: No. <u>BAGS</u> Volume <u>YARDS</u> Weight _____													
	TYPE: <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DRUM <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> OTHER <u>Roll off / CUBE VAN</u>													
	WASTE DESCRIPTION <u>NON-FRIABLE ASBESTOS</u>		GENERATING PROCESS <u>REMOVAL</u>											
	COMPONENTS OF WASTE PPM % 1. _____ 2. _____ 3. _____ 4. _____		COMPONENTS OF WASTE PPM % 5. _____ 6. _____ 7. _____ 8. _____											
	PROPERTIES: pH <u>N/A</u> <input checked="" type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> OTHER HANDLING INSTRUCTIONS: <u>USE PROPER RESPIRATORY EQUIPMENT</u>													
<b>TRANSPORTER</b>	NAME <u>UNION PACIFIC TRANSPORTATION</u>		EPA I.D. NO. 											
	ADDRESS <u>1360 LINCOLN ST. 3RD FLOOR</u>		SERVICE ORDER NO. <u>C120658</u>											
	CITY, STATE, ZIP <u>DENVER, CO. 80295</u>		PICK UP DATE <u>11/5/96</u>											
	PHONE NO. <u>(303) 576-8444</u>													
<b>TSD FACILITY</b>	NAME <u>ELDC ENVIRONMENTAL</u>		EPA I.D. NO. 											
	ADDRESS <u>1111 W. HWY 123</u>		DISPOSAL METHOD <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER _____											
	CITY, STATE, ZIP <u>EAST CARBON, UT 84520</u>													
	PHONE NO. <u>(303) 444-4451</u>													
		TYPED OR PRINTED FULL NAME & SIGNATURE <u>Darin T. Olson</u> DATE <u>11-15-96</u>												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">GEN</td> <td rowspan="3" style="width: 20%;">OLD/NEW</td> <td style="width: 10%;">L</td> <td style="width: 10%;">A</td> <td rowspan="3" style="width: 10%;">TONS</td> </tr> <tr> <td>TRANS</td> <td>S</td> <td>B</td> </tr> <tr> <td>C/Q</td> <td>RT/CD</td> <td>HWDF</td> </tr> </table>		GEN	OLD/NEW	L	A	TONS	TRANS	S	B	C/Q	RT/CD	HWDF	Darin T. Olson, Facility Engr.  DISCREPANCY <u>NONE</u>	
GEN	OLD/NEW	L		A	TONS									
TRANS		S		B										
C/Q		RT/CD	HWDF											

NO. 101485


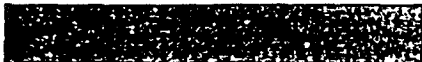


## NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR	NAME <u>McDONNELL DOUGLAS REALTY</u> <u>97-1094</u>		EPA I.D. NO. 										
	ADDRESS <u>4060 LAKEWOOD BLVD., 6th Floor</u>		PROFILE NO. 										
	CITY, STATE, ZIP <u>LONG BEACH, CA. 90803</u>		PHONE NO. <u>(310) 627-3014</u>										
	CONTAINERS: No. <u>BAGS</u> Volume <u>YARDS</u> Weight _____												
TRANSPORTER	TYPE: <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DRUM <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> OTHER <u>Roll off / CURB VAN</u>												
	WASTE DESCRIPTION <u>NON-FRIABLE ASBESTOS</u>		GENERATING PROCESS <u>REMOVAL</u>										
	COMPONENTS OF WASTE PPM %		COMPONENTS OF WASTE PPM %										
	1. _____		5. _____										
	2. _____		6. _____										
	3. _____		7. _____										
TSD FACILITY	PROPERTIES: pH <u>N/A</u> <input checked="" type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> OTHER												
	HANDLING INSTRUCTIONS: <u>USE PROPER RESPIRATORY EQUIPMENT</u>												
	THE GENERATOR CERTIFIES THAT THE WASTE AS DESCRIBED IS 100% NON-HAZARDOUS.												
	<u>Ricky Rickard / Rick Rickard</u> TYPED OR PRINTED FULL NAME & SIGNATURE DATE												
	NAME <u>SOUTHERN PACIFIC TRANSPORTATION</u>		EPA I.D. NO. 										
	ADDRESS <u>1360 LINCOLN ST. 3RD FLOOR</u>		SERVICE ORDER NO. <u>1120656</u>										
CITY, STATE, ZIP <u>DENVER, CO 80295</u>		PICK UP DATE <u>11/5/96</u>											
PHONE NO. <u>(303) 576-8444</u>													
<u>Thomas Blessin / Thomas Blessin</u> TRUCK, UNIT, I.D. NO. <u>179</u> <u>131W 224</u> <u>96-1642</u> TYPED OR PRINTED FULL NAME & SIGNATURE DATE													
NAME <u>ELDC ENVIRONMENTAL</u>		EPA I.D. NO. 											
ADDRESS <u>1111 W. HWY 123</u>		DISPOSAL METHOD											
CITY, STATE, ZIP <u>EAST CARBON, UT 84520</u>		<input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER											
PHONE NO. <u>(303) 444-4451</u>													
<u>Darin T. Olson / Darin T. Olson</u> TYPED OR PRINTED FULL NAME & SIGNATURE DATE <u>11-15-96</u>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>GEN</td> <td rowspan="3">OLD/NEW</td> <td>L</td> <td>A</td> <td rowspan="3">TONS</td> </tr> <tr> <td>TRANS</td> <td>S</td> <td>B</td> </tr> <tr> <td>C/Q</td> <td>RT/CD</td> <td>HWDF</td> </tr> </table>		GEN	OLD/NEW	L	A	TONS	TRANS	S	B	C/Q	RT/CD	HWDF	Darin T. Olson, Facility Engr.  DISCREPANCY
GEN	OLD/NEW	L		A	TONS								
TRANS		S		B									
C/Q		RT/CD	HWDF										







NO. 101486

## NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR	NAME <u>McDONNELL DOUGLAS REALTY JOB# 97-109A</u>		EPA I.D. NO. 																
	ADDRESS <u>4060 LAKEWOOD BLVD. 6TH FLOOR</u>		PROFILE NO. 																
	CITY, STATE, ZIP <u>LONG BEACH, CA. 90808</u>		PHONE NO. <u>(310) 627-3014</u>																
	CONTAINERS: No. <u>BAGS</u>	Volume <u>YRDS</u>	Weight _____																
TRANSPORTER	TYPE: <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DRUM <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> OTHER <u>Roll off / CUBE VAN</u>																		
	WASTE DESCRIPTION <u>NON-FRAGILE ASBESTOS</u>		GENERATING PROCESS <u>Removal</u>																
	COMPONENTS OF WASTE	PPM	%																
	1. _____	_____	_____																
	2. _____	_____	_____																
	3. _____	_____	_____																
	4. _____	_____	_____																
	5. _____	_____	_____																
	6. _____	_____	_____																
	7. _____	_____	_____																
8. _____	_____	_____																	
PROPERTIES: pH <u>N/A</u> <input checked="" type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> OTHER																			
HANDLING INSTRUCTIONS: <u>USE PROPER RESPIRATORY EQUIPMENT</u>																			
<div style="border: 1px solid black; padding: 2px; display: inline-block;">             THE GENERATOR CERTIFIES THAT THE WASTE AS DESCRIBED IS 100% NON-HAZARDOUS.           </div>																			
<u>Richard Rickard / Rickard</u> TYPED OR PRINTED FULL NAME & SIGNATURE			DATE _____																
TSD FACILITY	NAME <u>UNION PACIFIC TRANSPORTATION</u>		EPA I.D. NO. 																
	ADDRESS <u>13600 LINCOLN ST. 3RD FLOOR</u>		SERVICE ORDER NO. <u>C120618</u>																
	CITY, STATE, ZIP <u>DENVER, CO 80295</u>		PICK UP DATE <u>11/15/96</u>																
	PHONE NO. <u>(300) 576-8444</u>																		
	TRUCK, UNIT, I.D. NO. <u>179 BIA-300-018 96-1642</u>																		
	<u>Thomas Blessin / Thomas Blessin</u> TYPED OR PRINTED FULL NAME & SIGNATURE		DATE <u>11/15/96</u>																
NAME <u>ELDC ENVIRONMENTAL</u>		EPA I.D. NO. 																	
ADDRESS <u>1111 W. Hwy 123</u>		DISPOSAL METHOD																	
CITY, STATE, ZIP <u>EAST CARBON, UT 84520</u>		<input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER																	
PHONE NO. <u>(300) 444-4451</u>																			
<u>Darin T. Olson</u> TYPED OR PRINTED FULL NAME & SIGNATURE		DATE <u>11-15-96</u>																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>GEN</td> <td rowspan="3">OLD/NEW</td> <td>L</td> <td>A</td> <td rowspan="3">TONS</td> </tr> <tr> <td>TRANS</td> <td>S</td> <td>B</td> </tr> <tr> <td>C/O</td> <td>RT/CD</td> <td>HWDF</td> </tr> <tr> <td colspan="4"></td> <td>NONE</td> </tr> </table>			GEN	OLD/NEW	L	A	TONS	TRANS	S	B	C/O	RT/CD	HWDF					NONE	DISCREPANCY
GEN	OLD/NEW	L	A		TONS														
TRANS		S	B																
C/O		RT/CD	HWDF																
				NONE															
			Darin T. Olson, Facility Engr.																





NO. 101487

## NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR	NAME <u>MCDONNELL DOWDAS REATH</u> <u>JB 497-109A</u>		EPA I.D. NO. 												
	ADDRESS <u>4060 LAKEWOOD BLVD. 6TH FLOOR</u>		PROFILE NO. 												
	CITY, STATE, ZIP <u>LONG BEACH, CA. 90803</u>		PHONE NO. <u>(310) 627-3014</u>												
	CONTAINERS: No. <u>BAGS</u>	Volume <u>YARDS</u>	Weight _____												
	TYPE: <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DRUM <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> OTHER <u>ROLL OFF / CURB VAN</u>														
	WASTE DESCRIPTION <u>NON-FRIABLE ASBESTOS</u>		GENERATING PROCESS <u>REMOVAL</u>												
	COMPONENTS OF WASTE PPM % 1. _____ 2. _____ 3. _____ 4. _____		COMPONENTS OF WASTE PPM % 5. _____ 6. _____ 7. _____ 8. _____												
	PROPERTIES: pH <u>NA</u> <input checked="" type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> OTHER HANDLING INSTRUCTIONS: <u>USE PROPER RESPIRATORY EQUIPMENT</u>														
	THE GENERATOR CERTIFIES THAT THE WASTE AS DESCRIBED IS 100% NON-HAZARDOUS.		TYPED OR PRINTED FULL NAME & SIGNATURE <u>THOMAS BLISSIE</u> DATE <u>11-7-96</u>												
	NAME <u>UNION PACIFIC TRANSPORTATION</u> EPA I.D. NO. 														
	ADDRESS <u>1360 LINCOLN ST. 3RD FLOOR</u> SERVICE ORDER NO. <u>C130667</u>														
TRANSPORTER	CITY, STATE, ZIP <u>DENVER, CO. 80295</u>		PICK UP DATE <u>11/7/96</u>												
	PHONE NO. <u>(303) 576-3444</u>														
	TRUCK, UNIT, I.D. NO. <u>179</u> <u>BIN #300-034</u> <u>96-1642</u>		TYPED OR PRINTED FULL NAME & SIGNATURE <u>Thomas Blissie</u> DATE <u>11/7/96</u>												
TSD FACILITY	NAME <u>ECTDC ENVIRONMENTAL</u>		EPA I.D. NO. 												
	ADDRESS <u>1111 W. HWY 123</u>		DISPOSAL METHOD												
	CITY, STATE, ZIP <u>EAST CARBON, UT. 84520</u>		<input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER _____												
	PHONE NO. _____		TYPED OR PRINTED FULL NAME & SIGNATURE <u>Dolson</u> DATE <u>11-18-96</u>												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>GEN</td> <td rowspan="3">OLD/NEW</td> <td>L</td> <td>A</td> <td rowspan="2">TONS</td> </tr> <tr> <td>TRANS</td> <td>S</td> <td>B</td> </tr> <tr> <td>C/Q</td> <td>RT/CD</td> <td colspan="2">HWDF NONE</td> </tr> </table>				GEN	OLD/NEW	L	A	TONS	TRANS	S	B	C/Q	RT/CD	HWDF NONE	
GEN	OLD/NEW	L	A	TONS											
TRANS		S	B												
C/Q		RT/CD	HWDF NONE												
Darin T. Olson, Facility Engr. DISCREPANCY _____															




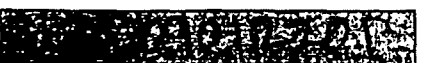
NO. 101488

## NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR	NAME <u>MCDONNELL DOUGLAS, REALTY CO. DBA 97-NRA</u>		EPA I.D. NO. 												
	ADDRESS <u>4060 LAKEWOOD BLVD. 6th Floor</u>		PROFILE NO. 												
	CITY, STATE, ZIP <u>LONG BEACH, CA. 90808</u>		PHONE NO. <u>(310) 627-3014</u>												
	CONTAINERS: No. <u>BAGS</u>	Volume <u>30 YARDS</u>	Weight _____												
	TYPE: <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DRUM <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> OTHER <u>Roll-offs/Cube Van</u>														
	WASTE DESCRIPTION <u>NON-FRIABLE ASBESTOS</u>		GENERATING PROCESS <u>Removal</u>												
	COMPONENTS OF WASTE	PPM	%												
	1. _____	_____	_____												
	2. _____	_____	_____												
	3. _____	_____	_____												
TRANSPORTER	NAME <u>UNION PACIFIC TRANSPORTATION</u>		EPA I.D. NO. 												
	ADDRESS <u>1860 LINCOLN ST., 3RD Floor</u>		SERVICE ORDER NO. <u>C119998</u>												
	CITY, STATE, ZIP <u>DENVER, CO 80295</u>		PICK UP DATE <u>11-8-96</u>												
	PHONE NO. <u>(303) 576-8444</u>														
	TRUCK, UNIT, I.D. NO. <u>163-300-111</u>		DATE <u>11-8-96</u>												
	TYPED OR PRINTED FULL NAME & SIGNATURE <u>Jesus Papiola</u>														
TSD FACILITY	NAME <u>ECDC ENVIRONMENTAL</u>		EPA I.D. NO. 												
	ADDRESS <u>1111 W. Hwy 123</u>		DISPOSAL METHOD												
	CITY, STATE, ZIP <u>EAST CARBON, UT 84520</u>		<input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER _____												
	PHONE NO. <u>(303) 444-4451</u>														
	TYPED OR PRINTED FULL NAME & SIGNATURE <u>D Olson</u>		DATE <u>11-18-96</u>												
	Darin T. Olson, Facility Engr.														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>GEN</td> <td rowspan="3">OLD/NEW</td> <td>L</td> <td>A</td> <td rowspan="2">TONS</td> </tr> <tr> <td>TRANS</td> <td>S</td> <td>B</td> </tr> <tr> <td>C/O</td> <td>RT/CD</td> <td>HWDF</td> <td>NONE</td> </tr> </table>				GEN	OLD/NEW	L	A	TONS	TRANS	S	B	C/O	RT/CD	HWDF	NONE
GEN	OLD/NEW	L	A	TONS											
TRANS		S	B												
C/O		RT/CD	HWDF	NONE											
DISCREPANCY _____															

NO. 101489

## NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR	NAME <u>MCDONNELL DOWDAYS, REALTY CO. JOSEPH T. HOGA</u>		EPA I.D. NO. 													
	ADDRESS <u>4060 LAKEWOOD BLVD, 6th FLOOR</u>		PROFILE NO. 													
	CITY, STATE, ZIP <u>LONG BEACH, CA. 90808</u>		PHONE NO. <u>(32) 627-3014</u>													
	CONTAINERS: No. <u>BAGS</u> Volume <u>30 YARDS</u> Weight _____															
	TYPE: <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DRUM <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> OTHER <u>Roll off/cube van</u>															
	WASTE DESCRIPTION <u>NON-FRIABLE ASBESTOS</u>		GENERATING PROCESS <u>REMOVAL</u>													
	COMPONENTS OF WASTE PPM %		COMPONENTS OF WASTE PPM %													
	1. _____ 2. _____ 3. _____ 4. _____		5. _____ 6. _____ 7. _____ 8. _____													
	PROPERTIES: pH <u>N/A</u> <input checked="" type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> OTHER															
	HANDLING INSTRUCTIONS: <u>USE PROPER RESPIRATORY EQUIPMENT</u>															
	<div style="border: 1px solid black; padding: 5px; display: inline-block;">             THE GENERATOR CERTIFIES THAT THE WASTE AS DESCRIBED IS 100% NON-HAZARDOUS.           </div>															
	<u>[Signature]</u> TYPED OR PRINTED FULL NAME & SIGNATURE		<u>11-5-96</u> DATE													
TRANSPORTER	NAME <u>UNION PACIFIC TRANSPORTATION</u>		EPA I.D. NO. 													
	ADDRESS <u>1300 LINCOLN ST. 3rd FLOOR</u>		SERVICE ORDER NO. <u>C119298</u>													
	CITY, STATE, ZIP <u>DENVER, CO. 80295</u>		PICK UP DATE <u>11-8-96</u>													
	PHONE NO. <u>(32) 576-8444</u>															
	TRUCK, UNIT, I.D. NO. <u>163-300-09</u>															
	<u>[Signature]</u> TYPED OR PRINTED FULL NAME & SIGNATURE		<u>11-8-96</u> DATE													
TSD FACILITY	NAME <u>ELDC ENVIRONMENTAL</u>		EPA I.D. NO. 													
	ADDRESS <u>1111 W. Hwy 123</u>		DISPOSAL METHOD													
	CITY, STATE, ZIP <u>EAST CARBON, WY 82430</u>		<input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER													
	PHONE NO. <u>(32) 444-4451</u>		<u>11-18-96</u>													
		<u>[Signature]</u> TYPED OR PRINTED FULL NAME & SIGNATURE														
		<u>Barry T. Olson, Facility Eng.</u>														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>GEN</td> <td rowspan="3">OLD/NEW</td> <td>L</td> <td>A</td> <td rowspan="2">TONS</td> </tr> <tr> <td>TRANS</td> <td>S</td> <td>B</td> </tr> <tr> <td>C/O</td> <td>RT/CD</td> <td>HWDF</td> <td>NONE</td> <td>DISCREPANCY</td> </tr> </table>				GEN	OLD/NEW	L	A	TONS	TRANS	S	B	C/O	RT/CD	HWDF	NONE	DISCREPANCY
GEN	OLD/NEW	L	A	TONS												
TRANS		S	B													
C/O		RT/CD	HWDF	NONE	DISCREPANCY											




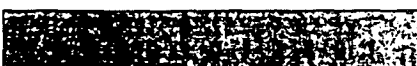
NO. 101491

## NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR	NAME <u>MC DONNELL DOUGLAS REALTY CO. CST JOB#97-109</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>												
	ADDRESS <u>4060 LAKEWOOD BLVD., 5TH FLOOR</u>		PROFILE NO. <span style="background-color: black; color: black;">[REDACTED]</span>												
	CITY, STATE, ZIP <u>LONG BEACH, CA 90803</u>		PHONE NO. <u>(310) 527-3014</u>												
	CONTAINERS: No. _____ <u>BAGS</u> _____ Volume _____ YARDS _____ Weight _____														
	TYPE: <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DRUM <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> OTHER <u>ROLLOFF/CUBE VAN</u>														
	WASTE DESCRIPTION <u>NON-FRIABLE ASBESTOS</u>		GENERATING PROCESS <u>REMOVAL</u>												
	COMPONENTS OF WASTE	PPM	%												
	1. _____	_____	_____												
	2. _____		5. _____												
	3. _____		6. _____												
	4. _____		7. _____												
			8. _____												
PROPERTIES: pH _____ <input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> OTHER _____															
HANDLING INSTRUCTIONS: <u>USE PROPER RESPIRATORY EQUIPMENT</u>															
<div style="border: 1px solid black; padding: 2px; display: inline-block;">             THE GENERATOR CERTIFIES THAT THE WASTE AS DESCRIBED IS 100% NON-HAZARDOUS.           </div>															
TYPED OR PRINTED FULL NAME & SIGNATURE _____			DATE _____												
TRANSPORTER	NAME <u>UNION PACIFIC TRANSPORTATION</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>												
	ADDRESS <u>1860 LINCOLN ST., 3RD FLOOR</u>		SERVICE ORDER NO. <u>C120654</u>												
	CITY, STATE, ZIP <u>DENVER, CO 80295</u>		PICK UP DATE <u>10/21/96</u>												
	PHONE NO. <u>303-576-3444</u>														
TRUCK, UNIT, I.D. NO. <u>00124 300-028-96-1642</u>		<u>Thomas Blissett</u> TYPED OR PRINTED FULL NAME & SIGNATURE DATE <u>10/31/96</u>													
TSD FACILITY	NAME <u>EC ENVIRONMENTAL</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>												
	ADDRESS <u>1111 W. HWY 123</u>		DISPOSAL METHOD												
	CITY, STATE, ZIP <u>EAST CARBON, UT 84520</u>		<input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER _____												
	PHONE NO. <u>800-444-1451</u>														
TYPED OR PRINTED FULL NAME & SIGNATURE <u>Darin T. Oleson</u>		DATE <u>11-12-96</u>													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>GEN</td> <td rowspan="3">OLD/NEW</td> <td>L</td> <td>A</td> <td rowspan="2">TONS</td> </tr> <tr> <td>TRANS</td> <td>S</td> <td>B</td> </tr> <tr> <td>C/Q</td> <td>RT/CD</td> <td>HWDF</td> <td>NONE</td> </tr> </table>		GEN	OLD/NEW	L	A	TONS	TRANS	S	B	C/Q	RT/CD	HWDF	NONE	Darin T. Oleson, Facility Engr.  DISCREPANCY _____	
GEN	OLD/NEW	L		A	TONS										
TRANS		S		B											
C/Q		RT/CD	HWDF	NONE											




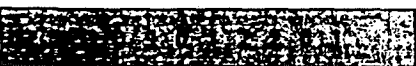
NO. 101492

## NON-HAZARDOUS WASTE DATA FORM

<b>TO BE COMPLETED BY GENERATOR</b>	NAME <u>MC DONNELL DOUGLAS REALTY CO. CST JOB#97-109A</u>		EPA I.D. NO. 											
	ADDRESS <u>4060 LAKEWOOD BLVD., 6TH FLOOR</u>		PROFILE NO. 											
	CITY, STATE, ZIP <u>LONG BEACH, CA 90808</u>		PHONE NO. <u>(310) 627-3014</u>											
	CONTAINERS: No. _____ BAGS _____ Volume _____ YARDS _____ Weight _____													
	TYPE: <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DRUM <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> OTHER <u>ROLLOFF/CUBE VAN</u>													
	WASTE DESCRIPTION <u>NON-FRIABLE ASBESTOS</u>		GENERATING PROCESS <u>REMOVAL</u>											
	COMPONENTS OF WASTE	PPM	%											
	1. _____	_____	_____											
	2. _____		5. _____											
	3. _____		6. _____											
	4. _____		7. _____											
	5. _____		8. _____											
PROPERTIES: pH _____ <input checked="" type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> OTHER _____														
HANDLING INSTRUCTIONS: <u>USE PROPER RESPIRATORY EQUIPMENT</u>														
<div style="border: 1px solid black; padding: 2px; display: inline-block;">             THE GENERATOR CERTIFIES THAT THE WASTE AS DESCRIBED IS 100% NON-HAZARDOUS.           </div>			<u>11-1-96</u> TYPED OR PRINTED FULL NAME & SIGNATURE _____ DATE _____											
<b>TRANSPORTER</b>	NAME <u>UNION PACIFIC TRANSPORTATION</u>		EPA I.D. NO. 											
	ADDRESS <u>1860 LINCOLN ST., 3RD FLOOR</u>		SERVICE ORDER NO. <u>C120657</u>											
	CITY, STATE, ZIP <u>DENVER, CO 80295</u>		PICK UP DATE <u>11/1/96</u>											
	PHONE NO. <u>800-576-8444</u>													
TRUCK, UNIT, I.D. NO. <u>155 BIN #382 - 96-1642</u>		<u>Thomas Blessie</u> TYPED OR PRINTED FULL NAME & SIGNATURE _____ DATE <u>11/1/96</u>												
<b>TSD FACILITY</b>	NAME <u>ECDC ENVIRONMENTAL</u>		EPA I.D. NO. 											
	ADDRESS <u>1111 W. HWY 123</u>		DISPOSAL METHOD <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER _____											
	CITY, STATE, ZIP <u>EAST CARBON, UT 84520</u>													
	PHONE NO. <u>800-444-4451</u>													
		<u>Darin T. Olson</u> TYPED OR PRINTED FULL NAME & SIGNATURE _____ DATE <u>11-12-96</u>												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">GEN</td> <td rowspan="3" style="width:20%;">OLD/NEW</td> <td style="width:10%;">L</td> <td style="width:10%;">A</td> <td rowspan="3" style="width:10%;">TONS</td> </tr> <tr> <td>TRANS</td> <td>S</td> <td>B</td> </tr> <tr> <td>C/Q</td> <td>RT/CD</td> <td>HWDF NONE</td> </tr> </table>		GEN	OLD/NEW	L	A	TONS	TRANS	S	B	C/Q	RT/CD	HWDF NONE	Darin T. Olson, Facility Engr.  DISCREPANCY _____	
GEN	OLD/NEW	L		A	TONS									
TRANS		S		B										
C/Q		RT/CD	HWDF NONE											

NO. 101493

## NON-HAZARDOUS WASTE DATA FORM

<b>TO BE COMPLETED BY GENERATOR</b>	NAME <u>MC DONNEL DOUGLAS REALTY CO. CST JOB#97-109</u> EPA I.D. NO. 																															
	ADDRESS <u>4050 LAKEWOOD BLVD., 6TH FLOOR</u> PROFILE NO. 																															
	CITY, STATE, ZIP <u>LONG BEACH, CA 90808</u> PHONE NO. <u>310) 527-3014</u>																															
	CONTAINERS: No. _____ BAGS _____ Volume _____ YARDS _____ Weight _____																															
<b>TRANSPORTER</b>	TYPE: <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DRUM <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> OTHER <u>ROLLOFF/CUBE VAN</u>																															
	WASTE DESCRIPTION <u>NON-FRIABLE ASBESTOS</u> GENERATING PROCESS <u>REMOVAL</u>																															
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">COMPONENTS OF WASTE</th> <th style="width: 10%;">PPM</th> <th style="width: 10%;">%</th> <th style="width: 30%;">COMPONENTS OF WASTE</th> <th style="width: 10%;">PPM</th> <th style="width: 10%;">%</th> </tr> </thead> <tbody> <tr><td>1. _____</td><td>_____</td><td>_____</td><td>5. _____</td><td>_____</td><td>_____</td></tr> <tr><td>2. _____</td><td>_____</td><td>_____</td><td>6. _____</td><td>_____</td><td>_____</td></tr> <tr><td>3. _____</td><td>_____</td><td>_____</td><td>7. _____</td><td>_____</td><td>_____</td></tr> <tr><td>4. _____</td><td>_____</td><td>_____</td><td>8. _____</td><td>_____</td><td>_____</td></tr> </tbody> </table>		COMPONENTS OF WASTE	PPM	%	COMPONENTS OF WASTE	PPM	%	1. _____	_____	_____	5. _____	_____	_____	2. _____	_____	_____	6. _____	_____	_____	3. _____	_____	_____	7. _____	_____	_____	4. _____	_____	_____	8. _____	_____	_____
	COMPONENTS OF WASTE	PPM	%	COMPONENTS OF WASTE	PPM	%																										
	1. _____	_____	_____	5. _____	_____	_____																										
	2. _____	_____	_____	6. _____	_____	_____																										
	3. _____	_____	_____	7. _____	_____	_____																										
	4. _____	_____	_____	8. _____	_____	_____																										
	PROPERTIES: pH _____ <input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> OTHER _____																															
	HANDLING INSTRUCTIONS: <u>USE PROPER RESPIRATORY EQUIPMENT</u> <span style="float: right;">14.50</span>																															
<div style="border: 1px solid black; padding: 5px; width: fit-content;">             THE GENERATOR CERTIFIES THAT THE WASTE AS DESCRIBED IS 100% NON-HAZARDOUS.           </div>																																
<u><i>[Signature]</i></u> TYPED OR PRINTED FULL NAME & SIGNATURE DATE _____																																
NAME <u>UNION PACIFIC TRANSPORTATION</u> EPA I.D. NO. 																																
ADDRESS <u>1860 LINCOLN ST., 3RD FLOOR</u> SERVICE ORDER NO. <u>C126667</u>																																
CITY, STATE, ZIP <u>DENVER, CO 80295</u> PICK UP DATE <u>11/7/96</u> <span style="float: right;">11/7/96</span>																																
<b>TSD FACILITY</b>	PHONE NO. <u>300-576-8444</u>																															
	TRUCK, UNIT, I.D. NO. <u>179 B.W. #362</u> <span style="float: right;">96-1642</span>																															
	<u><i>Thomas Blessin</i></u> TYPED OR PRINTED FULL NAME & SIGNATURE DATE _____																															
	NAME <u>ECDC ENVIRONMENTAL</u> EPA I.D. NO. 																															
	ADDRESS <u>1111 W. HWY 123</u> DISPOSAL METHOD <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER _____																															
	CITY, STATE, ZIP <u>EAST CARBON, UT 84520</u>																															
	PHONE NO. <u>800-444-4451</u>																															
	<u><i>D Olson</i></u> TYPED OR PRINTED FULL NAME & SIGNATURE DATE <u>11-18-96</u>																															
	Darin T. Olson, Facility Engr.																															
	DISCREPANCY _____																															

NO. 101495




## NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR	NAME <u>MC DONNEL DOUGLAS REALTY CO. CST JOB#97-109A</u>		EPA I.D. NO. <u>[REDACTED]</u>																								
	ADDRESS <u>4060 LAKEWOOD BLVD., 6TH FLOOR</u>		PROFILE NO. <u>[REDACTED]</u>																								
	CITY, STATE, ZIP <u>LONG BEACH, CA 90808</u>		PHONE NO. <u>(310) 627-3014</u>																								
	CONTAINERS: No. _____ BAGS _____ Volume _____ YADS _____ Weight _____																										
TRANSPORTER	TYPE: <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DRUM <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> OTHER <u>ROLLOFF/CUBE VAN</u>																										
	WASTE DESCRIPTION <u>NON-FRIABLE ASBESTOS</u>		GENERATING PROCESS <u>REMOVAL</u>																								
	COMPONENTS OF WASTE PPM %		COMPONENTS OF WASTE PPM %																								
	1. _____		5. _____																								
	2. _____		6. _____																								
	3. _____		7. _____																								
	4. _____		8. _____																								
	PROPERTIES: pH _____ <input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> OTHER _____																										
	HANDLING INSTRUCTIONS: <u>USE PROPER RESPIRATORY EQUIPMENT</u>																										
	<div style="border: 1px solid black; padding: 5px; display: inline-block;">             THE GENERATOR CERTIFIES THAT THE WASTE AS DESCRIBED IS 100% NON-HAZARDOUS           </div> <div style="margin-left: 20px;"> <u>Richy Rickard / Richy Rickard</u> <u>10/29/96</u>              TYPED OR PRINTED FULL NAME &amp; SIGNATURE DATE           </div>																										
TSD FACILITY	NAME <u>UNION PACIFIC TRANSPORTATION</u>		EPA I.D. NO. <u>[REDACTED]</u>																								
	ADDRESS <u>1860 LINCOLN ST., 3RD FLOOR</u>		SERVICE ORDER NO. <u>C120628</u>																								
	CITY, STATE, ZIP <u>DENVER, CO 80295</u>		PICK UP DATE <u>10-30-96</u>																								
	PHONE NO. <u>800-576-8444</u>																										
	TRUCK, UNIT, I.D. NO. <u>#460</u>		<u>Tom CASTILLO, Tom Castill</u> <u>10-30-96</u> TYPED OR PRINTED FULL NAME & SIGNATURE DATE <u>m/p ENVIRONMENTAL</u>																								
TSD FACILITY	NAME <u>ECDC ENVIRONMENTAL</u>		EPA I.D. NO. <u>[REDACTED]</u>																								
	ADDRESS <u>1111 W. 8TH AVE 123/442</u>		DISPOSAL METHOD <u>355</u>																								
	CITY, STATE, ZIP <u>EAST CARBON, UT 84520</u>		<input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER _____																								
	PHONE NO. <u>800-444-4451</u>																										
	TYPED OR PRINTED FULL NAME & SIGNATURE _____ DATE _____																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">GEN</td> <td style="width: 15%;">OLD/NEW</td> <td style="width: 15%;">L</td> <td style="width: 15%;">S</td> <td style="width: 15%;">B</td> <td style="width: 15%;">RT/CD</td> <td style="width: 15%;">HWDF</td> <td style="width: 15%;">DISCREPANCY</td> </tr> <tr> <td>TRANS</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>NONE</td> <td></td> </tr> <tr> <td>C/O</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <div style="margin-top: 10px;"> <u>Darin T. Olson by [Signature]</u> <u>11/06/96</u>              Darin T. Olson, Facility Engr.           </div>				GEN	OLD/NEW	L	S	B	RT/CD	HWDF	DISCREPANCY	TRANS						NONE		C/O							
GEN	OLD/NEW	L	S	B	RT/CD	HWDF	DISCREPANCY																				
TRANS						NONE																					
C/O																											







NO. 101497

## NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR	NAME <u>MC DONNELL DOUGLAS REALTY CO. CST JOB#97-109A</u>		EPA I.D. NO. 																
	ADDRESS <u>4060 LAKEWOOD BLVD., 6TH FLOOR</u>		PROFILE NO. 																
	CITY, STATE, ZIP <u>LONG BEACH, CA 90803</u>		PHONE NO. <u>810) 6287-3014</u>																
	CONTAINERS: No. _____ BAGS <u>75</u> Volume _____ YARDS _____ Weight _____																		
	TYPE: <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DRUM <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> OTHER <u>ROLLOFF/CUBE VAN</u>																		
	WASTE DESCRIPTION <u>NON-FRIABLE ASBESTOS</u>		GENERATING PROCESS <u>REMOVAL</u>																
	COMPONENTS OF WASTE	PPM	%																
	1. _____	_____	_____																
	2. _____		3. _____																
	3. _____		4. _____																
	4. _____		5. _____																
	5. _____		6. _____																
	6. _____		7. _____																
	7. _____		8. _____																
	PROPERTIES: pH _____ <input checked="" type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> OTHER _____																		
	HANDLING INSTRUCTIONS: <u>USE PROPER RESPIRATORY EQUIPMENT</u>																		
	<div style="border: 1px solid black; padding: 2px; display: inline-block;">           THE GENERATOR CERTIFIES THAT THE WASTE AS DESCRIBED IS 100% NON-HAZARDOUS.         </div>		<u>11-1-96</u> TYPED OR PRINTED FULL NAME & SIGNATURE _____ DATE _____																
	NAME <u>UNION PACIFIC TRANSPORTATION</u>																		
	ADDRESS <u>1860 LINCOLN ST., 3RD FLOOR</u>																		
	CITY, STATE, ZIP <u>DENVER, CO 80295</u>																		
TRANSPORTER	PHONE NO. <u>800-576-3444</u>		SERVICE ORDER NO. <u>6180657</u>																
	TRUCK, UNIT, I.D. NO. <u>155 BIN 300-075 96-1642</u>		PICK UP DATE <u>11/1/96</u>																
	<u>Thomas Blum</u> TYPED OR PRINTED FULL NAME & SIGNATURE _____ DATE _____		<u>Thomas Blum</u> TYPED OR PRINTED FULL NAME & SIGNATURE _____ DATE _____																
TSD FACILITY	NAME <u>ECDC ENVIRONMENTAL</u>		EPA I.D. NO. 																
	ADDRESS <u>1111 W. HWY 123</u>		DISPOSAL METHOD																
	CITY, STATE, ZIP <u>EAST CARBON, UT 84520</u>		<input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER _____																
	PHONE NO. <u>800-444-4451</u>		<u>D Olson</u> TYPED OR PRINTED FULL NAME & SIGNATURE _____ DATE _____																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>GEN</td> <td rowspan="3">OLD/NEW</td> <td>L</td> <td>A</td> <td rowspan="3">TONS</td> </tr> <tr> <td>TRANS</td> <td>S</td> <td>B</td> </tr> <tr> <td>C/D</td> <td>RT/CD</td> <td>HWDF</td> </tr> <tr> <td colspan="4"></td> <td>NONE</td> </tr> </table>				GEN	OLD/NEW	L	A	TONS	TRANS	S	B	C/D	RT/CD	HWDF					NONE
GEN	OLD/NEW	L	A	TONS															
TRANS		S	B																
C/D		RT/CD	HWDF																
				NONE															
DISCREPANCY _____																			




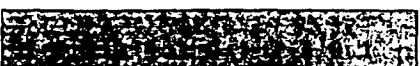
NO. 101498

## NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR	NAME <u>MC DONNELL DOUGLAS REALTY CO. CST JOB#97-109</u>		EPA I.D. NO. 																																																		
	ADDRESS <u>4050 LAKEWOOD BLVD., 5TH FLOOR</u>		PROFILE NO. 																																																		
	CITY, STATE, ZIP <u>LONG BEACH, CA 90808</u>		PHONE NO. <u>(310) 527-3014</u>																																																		
	CONTAINERS: No. _____ BAGS _____ Volume <u>40</u> YARDS Weight _____																																																				
	TYPE: <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DRUM <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> OTHER <u>ROLL-OFF/CUBE VAN</u>																																																				
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	COMPONENTS OF WASTE			PPM	%	COMPONENTS OF WASTE			PPM	%																																											
1.	_____	_____	_____	_____	5.	_____	_____	_____	_____																																												
2.	_____	_____	_____	_____	6.	_____	_____	_____	_____																																												
3.	_____	_____	_____	_____	7.	_____	_____	_____	_____																																												
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PROPERTIES: pH _____ <input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> OTHER _____ HANDLING INSTRUCTIONS: <u>USE PROPER RESPIRATORY EQUIPMENT</u>																																																					
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TRANSPORTER	NAME <u>UNION PACIFIC TRANSPORTATION</u>		EPA I.D. NO. 																																																		
	ADDRESS <u>1860 LINCOLN ST., 3RD FLOOR</u>		SERVICE ORDER NO. <u>C120657</u>																																																		
	CITY, STATE, ZIP <u>DENVER, CO 80295</u>		PICK UP DATE <u>11/1/96</u>																																																		
	PHONE NO. <u>800-576-3444</u>																																																				
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	CITY, STATE, ZIP <u>EAST CARBON, UT 84520</u>		<input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER _____																																																		
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GEN	OLD/NEW	L		A	TONS																																																
TRANS		S		B																																																	
C/Q		RT/CD	HWDF	NONE																																																	

NO. 101499

## NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR	NAME <u>MC DONNELL DOUGLAS REALTY CO. CST JOB#97-109</u>		EPA I.D. NO. 																														
	ADDRESS <u>4060 LAKEWOOD BLVD., 6TH FLOOR</u>		PROFILE NO. 																														
	CITY, STATE, ZIP <u>LONG BEACH, CA 90803</u>		PHONE NO. <u>(310) 527-3014</u>																														
	CONTAINERS: No. _____ BAGS _____ Volume _____ YARDS _____ Weight _____																																
TRANSPORTER	TYPE: <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DRUM <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> OTHER <u>ROLLOFF/CUBE VAN</u>																																
	WASTE DESCRIPTION <u>NON-FRIABLE ASBESTOS</u>		GENERATING PROCESS <u>REMOVAL</u>																														
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>COMPONENTS OF WASTE</th> <th>PPM</th> <th>%</th> </tr> </thead> <tbody> <tr><td>1. _____</td><td>_____</td><td>_____</td></tr> <tr><td>2. _____</td><td>_____</td><td>_____</td></tr> <tr><td>3. _____</td><td>_____</td><td>_____</td></tr> <tr><td>4. _____</td><td>_____</td><td>_____</td></tr> </tbody> </table>		COMPONENTS OF WASTE	PPM	%	1. _____	_____	_____	2. _____	_____	_____	3. _____	_____	_____	4. _____	_____	_____	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>COMPONENTS OF WASTE</th> <th>PPM</th> <th>%</th> </tr> </thead> <tbody> <tr><td>5. _____</td><td>_____</td><td>_____</td></tr> <tr><td>6. _____</td><td>_____</td><td>_____</td></tr> <tr><td>7. _____</td><td>_____</td><td>_____</td></tr> <tr><td>8. _____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	COMPONENTS OF WASTE	PPM	%	5. _____	_____	_____	6. _____	_____	_____	7. _____	_____	_____	8. _____	_____	_____
	COMPONENTS OF WASTE	PPM	%																														
1. _____	_____	_____																															
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8. _____	_____	_____																															
PROPERTIES: pH _____ <input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> OTHER _____ HANDLING INSTRUCTIONS: <u>USE PROPER RESPIRATORY EQUIPMENT</u>																																	
THE GENERATOR CERTIFIES THAT THE WASTE AS DESCRIBED IS 100% NON-HAZARDOUS.			<u>Rickey Rickard / Rickey Rickard</u> 10/29/96 TYPED OR PRINTED FULL NAME & SIGNATURE DATE																														
TSD FACILITY	NAME <u>UNION PACIFIC TRANSPORTATION</u>		EPA I.D. NO. 																														
	ADDRESS <u>1860 LINCOLN ST. 3RD FLOOR</u>		SERVICE ORDER NO. <u>C120627</u>																														
	CITY, STATE, ZIP <u>DENVER, CO 80295</u>		PICK UP DATE <u>10-30-96</u>																														
	PHONE NO. <u>800-576-8444</u>																																
TRUCK, UNIT, I.D. NO. <u>460</u>		<u>Tom Castille</u> Tom CASTILLE 10-30-96 TYPED OR PRINTED FULL NAME & SIGNATURE DATE <u>MP ENVIRONMENTAL</u> <u>ELLY 2097 - 96-1642</u>																															
TSD FACILITY	NAME <u>ECDC ENVIRONMENTAL</u>		EPA I.D. NO. 																														
	ADDRESS <u>1111 W. HWY 123</u>		DISPOSAL METHOD																														
	CITY, STATE, ZIP <u>EAST CARBON, UT 84520</u>		<input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER _____																														
	PHONE NO. <u>800-444-4451</u>																																
<u>ECDC 2097</u> 11-12-96 TYPED OR PRINTED FULL NAME & SIGNATURE DATE		<u>Darin T. Olson, Facility Engr.</u> DISCREPANCY																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>GEN</td> <td rowspan="3">OLD/NEW</td> <td>L</td> <td>A</td> <td rowspan="3">TONS</td> </tr> <tr> <td>TRANS</td> <td>S</td> <td>B</td> </tr> <tr> <td>C/Q</td> <td>RT/CD</td> <td>HWDF NONE</td> </tr> </table>				GEN	OLD/NEW	L	A	TONS	TRANS	S	B	C/Q	RT/CD	HWDF NONE																			
GEN	OLD/NEW	L	A	TONS																													
TRANS		S	B																														
C/Q		RT/CD	HWDF NONE																														

NO. 101501

## NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR

NAME MC DONNELL DOUGLASS REALTY CO. CST JOB# 97-1019A EPA I.D. NO. [REDACTED]ADDRESS 4060 LAKEWOOD BLVD., 6TH FLOOR

PROFILE NO. [REDACTED]

CITY, STATE, ZIP LONG BEACH, CA 90808PHONE NO. 810 627-3014CONTAINERS: No. \_\_\_\_\_ BAGS Volume 30 YARDS Weight \_\_\_\_\_TYPE: ☐ TANK TRUCK ☐ DUMP TRUCK ☐ DRUM ☐ CARTONS ☒ OTHER ROLLOFF/CUBE VANWASTE DESCRIPTION NON-FRIABLE ASBESTOSGENERATING PROCESS REMOVAL

COMPONENTS OF WASTE			PPM	%	COMPONENTS OF WASTE			PPM	%
1.					5.				
2.					6.				
3.					7.				
4.					8.				

PROPERTIES: pH \_\_\_\_\_ ☐ SOLID ☐ LIQUID ☐ SLUDGE ☐ SLURRY ☐ OTHER \_\_\_\_\_HANDLING INSTRUCTIONS: USE PROPER RESPIRATORY EQUIPMENT

THE GENERATOR CERTIFIES THAT THE WASTE AS DESCRIBED IS 100% NON-HAZARDOUS.

TYPED OR PRINTED FULL NAME & SIGNATURE [Signature]DATE 11-8-96

TRANSPORTER

NAME UNION PACIFIC TRANSPORTATION EPA I.D. NO. [REDACTED]ADDRESS 1860 LINCOLN ST., 3RD BLOORSERVICE ORDER NO. C119798CITY, STATE, ZIP DENVER, CO 80295PICK UP DATE 11-8-96PHONE NO. 800-576-8444TRUCK, UNIT, I.D. NO. 163-~~1019~~ 300-033 TYPED OR PRINTED FULL NAME & SIGNATURE [Signature]DATE 11-8-96961642

TSD FACILITY

NAME ECDC ENVIRONMENTAL EPA I.D. NO. [REDACTED]ADDRESS 1111 W. HWY 123

DISPOSAL METHOD

CITY, STATE, ZIP EAST CARBON, UT 84520☒ LANDFILL ☐ OTHER \_\_\_\_\_PHONE NO. 800-444-4451TYPED OR PRINTED FULL NAME & SIGNATURE [Signature]DATE 11-18-96

Darin T. Olson, Facility Engr.

GEN	OLD/NEW	L	A	TONS
TRANS		S	B	
C/Q		RT/CD	HWDF	NONE.

DISCREPANCY

NO. 101521

## NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR	NAME <u>MC DONNELL DOUGLAS REALTY CO.</u> JOB# <u>97-109A</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																														
	ADDRESS <u>4060 LAKEWOOD BLVD., 6TH FLOOR</u>		PROFILE NO. <span style="background-color: black; color: black;">[REDACTED]</span>																														
	CITY, STATE, ZIP <u>LONG BEACH, CA 90808</u>		PHONE NO. <u>310 627-3014</u>																														
	CONTAINERS: No. _____ BAGS _____ Volume _____ YARDS _____ Weight _____																																
	TYPE: <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DRUM <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> OTHER <u>ROLLOFF/CUBE VAN</u>																																
	WASTE DESCRIPTION <u>NON-FRIABLE ASBESTOS</u> GENERATING PROCESS <u>REMOVAL</u>																																
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">COMPONENTS OF WASTE</th> <th style="width: 10%;">PPM</th> <th style="width: 10%;">%</th> <th style="width: 40%;">COMPONENTS OF WASTE</th> <th style="width: 10%;">PPM</th> <th style="width: 10%;">%</th> </tr> <tr><td>1. _____</td><td>_____</td><td>_____</td><td>5. _____</td><td>_____</td><td>_____</td></tr> <tr><td>2. _____</td><td>_____</td><td>_____</td><td>6. _____</td><td>_____</td><td>_____</td></tr> <tr><td>3. _____</td><td>_____</td><td>_____</td><td>7. _____</td><td>_____</td><td>_____</td></tr> <tr><td>4. _____</td><td>_____</td><td>_____</td><td>8. _____</td><td>_____</td><td>_____</td></tr> </table>			COMPONENTS OF WASTE	PPM	%	COMPONENTS OF WASTE	PPM	%	1. _____	_____	_____	5. _____	_____	_____	2. _____	_____	_____	6. _____	_____	_____	3. _____	_____	_____	7. _____	_____	_____	4. _____	_____	_____	8. _____	_____	_____
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1. _____	_____	_____	5. _____	_____	_____																												
2. _____	_____	_____	6. _____	_____	_____																												
3. _____	_____	_____	7. _____	_____	_____																												
4. _____	_____	_____	8. _____	_____	_____																												
PROPERTIES: pH _____ <input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> OTHER _____ HANDLING INSTRUCTIONS: <u>USE PROPER RESPIRATORY EQUIPMENT</u>																																	
TRANSPORTER	NAME <u>UNION PACIFIC TRANSPORTATION</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																														
	ADDRESS <u>1860 LINCOLN ST., 3RD FLOOR</u>		SERVICE ORDER NO. _____																														
	CITY, STATE, ZIP <u>DENVER, CO 90295</u>		PICK UP DATE <u>11/13/96</u>																														
	PHONE NO. <u>800-576-8444</u>																																
TSD FACILITY	TRUCK, UNIT, I.D. NO. <u>Brw 1925-96-1642</u>		TYPED OR PRINTED FULL NAME & SIGNATURE <u>BILL BONDS</u> DATE <u>11/13/96</u>																														
	NAME <u>ECDC ENVIRONMENTAL</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																														
	ADDRESS <u>1111 W. HWY 123</u>		DISPOSAL METHOD <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER _____																														
	CITY, STATE, ZIP <u>EAST CARBON, UT 84520</u>																																
PHONE NO. <u>800-444-4451</u>		TYPED OR PRINTED FULL NAME & SIGNATURE <u>Darin T. Olson</u> DATE <u>11-23-96</u>																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">GEN</td> <td rowspan="3" style="width: 20%;">OLD/NEW</td> <td style="width: 10%;">L</td> <td style="width: 10%;">A</td> <td rowspan="2" style="width: 10%;">TONS</td> </tr> <tr> <td>TRANS</td> <td>S</td> <td>B</td> </tr> <tr> <td>C/Q</td> <td>RT/CD</td> <td>HWDF</td> <td>NONE</td> </tr> </table>		GEN	OLD/NEW	L	A	TONS	TRANS	S	B	C/Q	RT/CD	HWDF	NONE	Darin T. Olson, Facility Engr.  DISCREPANCY _____																			
GEN	OLD/NEW	L		A	TONS																												
TRANS		S		B																													
C/Q		RT/CD	HWDF	NONE																													

# NO. 101522

## NON-HAZARDOUS WASTE DATA FORM

<b>TO BE COMPLETED BY GENERATOR</b>	NAME <u>MC DONNELL <del>DOUGLAS</del> DOUGLAS REALTY CO. 96-109A</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																														
	ADDRESS <u>4060 LAKEWOOD BLVD., 6TH FLOOR</u>		PROFILE NO. <span style="background-color: black; color: black;">[REDACTED]</span>																														
	CITY, STATE, ZIP <u>LONG BEACH, CA 90808</u>		PHONE NO. <u>(310) 627-3014</u>																														
	CONTAINERS: No. _____ BAGS Volume <u>40</u> YARDS Weight _____																																
<b>TRANSPORTER</b>	TYPE: <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DRUM <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> OTHER <u>ROLLOFF/CUBE VAN</u>																																
	WASTE DESCRIPTION <u>NON-FRIABLE ASBESTOS</u> GENERATING PROCESS <u>REMOVAL</u>																																
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">COMPONENTS OF WASTE</th> <th style="width: 10%;">PPM</th> <th style="width: 10%;">%</th> <th style="width: 30%;">COMPONENTS OF WASTE</th> <th style="width: 10%;">PPM</th> <th style="width: 10%;">%</th> </tr> </thead> <tbody> <tr><td>1. _____</td><td>_____</td><td>_____</td><td>5. _____</td><td>_____</td><td>_____</td></tr> <tr><td>2. _____</td><td>_____</td><td>_____</td><td>6. _____</td><td>_____</td><td>_____</td></tr> <tr><td>3. _____</td><td>_____</td><td>_____</td><td>7. _____</td><td>_____</td><td>_____</td></tr> <tr><td>4. _____</td><td>_____</td><td>_____</td><td>8. _____</td><td>_____</td><td>_____</td></tr> </tbody> </table>			COMPONENTS OF WASTE	PPM	%	COMPONENTS OF WASTE	PPM	%	1. _____	_____	_____	5. _____	_____	_____	2. _____	_____	_____	6. _____	_____	_____	3. _____	_____	_____	7. _____	_____	_____	4. _____	_____	_____	8. _____	_____	_____
	COMPONENTS OF WASTE	PPM	%	COMPONENTS OF WASTE	PPM	%																											
	1. _____	_____	_____	5. _____	_____	_____																											
	2. _____	_____	_____	6. _____	_____	_____																											
	3. _____	_____	_____	7. _____	_____	_____																											
	4. _____	_____	_____	8. _____	_____	_____																											
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	HANDLING INSTRUCTIONS: <u>USE PROPER RESPIRATORY EQUIPMENT</u>																																
<div style="border: 1px solid black; padding: 5px; display: inline-block;">             THE GENERATOR CERTIFIES THAT THE WASTE AS DESCRIBED IS 100% NON-HAZARDOUS.           </div>																																	
<u>[Signature]</u> TYPED OR PRINTED FULL NAME & SIGNATURE		<u>11-14-96</u> DATE																															
NAME <u>UNION PACIFIC TRANSPORTATION</u>																																	
ADDRESS <u>1860 LINCOLN ST., 3RD FLOOR</u>																																	
CITY, STATE, ZIP <u>DENVER, CO 90295</u>																																	
PHONE NO. <u>800-576-9444</u>																																	
TRUCK, UNIT, I.D. NO. <u>179</u>																																	
<u>[Signature]</u> TYPED OR PRINTED FULL NAME & SIGNATURE		<u>11/14/96</u> DATE																															
<u>Bid #410282 96-1642</u>																																	
<b>TSD FACILITY</b>	NAME <u>ECDC ENVIRONMENTAL</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																														
	ADDRESS <u>1111 W. HWY 123</u>		DISPOSAL METHOD																														
	CITY, STATE, ZIP <u>EAST CARBON, UT 84520</u>		<input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER _____																														
	PHONE NO. <u>800-444-4451</u>																																
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	TRANS		S	B																													
	C/Q		RT/CD	HWDF	NONE																												
	Darin T. Olson, Facility Engr.																																
DISCREPANCY _____																																	

NO. 101523

## NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR	NAME <u>MC DONNELL DOUGLAS REALTY CO.</u> JOB# <u>97-109A</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																														
	ADDRESS <u>4060 LAKEWOOD BLVD., 6TH FLOOR</u>		PROFILE NO. <span style="background-color: black; color: black;">[REDACTED]</span>																														
	CITY, STATE, ZIP <u>LONG BEACH, CA 90808</u>		PHONE NO. <u>310 627-3014</u>																														
	CONTAINERS: No. _____ BAGS _____ Volume _____ YARDS _____ Weight _____																																
TRANSPORTER	TYPE: <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DRUM <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> OTHER <u>ROLLOFF/CUBE VAN</u>																																
	WASTE DESCRIPTION <u>NON-FRIABLE ASBESTOS</u> GENERATING PROCESS <u>REMOVAL</u>																																
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1. _____	_____	_____	5. _____	_____	_____																												
2. _____	_____	_____	6. _____	_____	_____																												
3. _____	_____	_____	7. _____	_____	_____																												
4. _____	_____	_____	8. _____	_____	_____																												
PROPERTIES: pH _____ <input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> OTHER _____ HANDLING INSTRUCTIONS: <u>USE PROPER RESPIRATORY EQUIPMENT</u>																																	
TSD FACILITY	<div style="border: 1px solid black; padding: 5px; display: inline-block;">           THE GENERATOR CERTIFIES THAT THE WASTE AS DESCRIBED IS 100% NON-HAZARDOUS.         </div> <div style="margin-left: 20px;"> <u>[Signature]</u>            TYPED OR PRINTED FULL NAME &amp; SIGNATURE         </div> <div style="margin-left: 20px;"> <u>11-15-96</u>            DATE         </div>																																
	NAME <u>UNION PACIFIC TRANSPORTATION</u> EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																																
	ADDRESS <u>1860 LINCOLN ST., 3RD FLOOR</u> SERVICE ORDER NO. _____																																
	CITY, STATE, ZIP <u>DENVER, CO 90295</u> PICK UP DATE <u>11-15-96</u>																																
TSD FACILITY	PHONE NO. <u>800-576-118444</u>																																
	TRUCK, UNIT, I.D. NO. <u>EQ4</u> <u>163-1952</u>																																
	<u>[Signature]</u> TYPED OR PRINTED FULL NAME & SIGNATURE																																
	<u>96-1642</u> DATE																																
NAME <u>ECDC ENVIRONMENTAL</u> EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																																	
ADDRESS <u>1111 W. HWY 123</u>																																	
CITY, STATE, ZIP <u>EAST CARBON, UT 82520</u>																																	
PHONE NO. <u>800-444-4451</u>																																	
DISPOSAL METHOD <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER _____																																	
<u>[Signature]</u> TYPED OR PRINTED FULL NAME & SIGNATURE																																	
<u>12-02-96</u> DATE																																	
Darin T. Olson, Facility Engr.																																	
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GEN	OLD/NEW	L	A	TONS																													
TRANS	"	S	B																														
C/Q		RT/CD	HWDF	NONE																													
DISCREPANCY _____																																	

Pickup 10,50  
Am

NO. 101525

## NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR	NAME <u>MC DONNELL DOUGLAS REALTY CO.</u> JOB# <u>97-109A</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>
	ADDRESS <u>4060 KLAKEWOOD BLVD., 6TH FLOOR</u>		PROFILE NO. <span style="background-color: black; color: black;">[REDACTED]</span>
	CITY, STATE, ZIP <u>LONG BEACH, CA 90805</u>		PHONE NO. <u>310) 627-3014</u>
	CONTAINERS: No. _____ BAGS Volume <u>30</u> YARDS Weight _____		
	TYPE: <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DRUM <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> OTHER <u>ROLLOFF//CUBE VAN</u>		
	WASTE DESCRIPTION <u>NON-FRIABLE ASBESTOS</u>		GENERATING PROCESS <u>REMOVAL</u>
	COMPONENTS OF WASTE	PPM	%
	1. <u>pick up 7:15 AM</u>		
TRANSPORTER	NAME <u>UNION PACIFIC TRANSPORTATION</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>
	ADDRESS <u>1860 LINCOLN ST., 3RD FLOOR</u>		SERVICE ORDER NO. _____
	CITY, STATE, ZIP <u>DENVER, CO 90295</u>		PICK UP DATE <u>11-15-96</u>
	PHONE NO. <u>800-576-8444</u>		
TSD FACILITY	NAME <u>ECDC ENVIRONMENTAL</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>
	ADDRESS <u>1111 W. WHY 123</u>		DISPOSAL METHOD <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER _____
	CITY, STATE, ZIP <u>EAST CARBON, UT 84520</u>		
	PHONE NO. <u>800-444-4451</u>		
HANDLING INSTRUCTIONS: <u>USE PROPER RESPIRATORY EQUIPMENT</u>		THE GENERATOR CERTIFIES THAT THE WASTE AS DESCRIBED IS 100% NON-HAZARDOUS.	
TYPED OR PRINTED FULL NAME & SIGNATURE <u>[Signature]</u>		DATE <u>11-15-96</u>	
NAME <u>UNION PACIFIC TRANSPORTATION</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>	
ADDRESS <u>1860 LINCOLN ST., 3RD FLOOR</u>		SERVICE ORDER NO. _____	
CITY, STATE, ZIP <u>DENVER, CO 90295</u>		PICK UP DATE <u>11-15-96</u>	
PHONE NO. <u>800-576-8444</u>			
TRUCK, UNIT, I.D. NO. <u>163-300-063</u>		TYPED OR PRINTED FULL NAME & SIGNATURE <u>Jesus Pedraza</u>	
		DATE <u>11-15-96</u>	
NAME <u>ECDC ENVIRONMENTAL</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>	
ADDRESS <u>1111 W. WHY 123</u>		DISPOSAL METHOD <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER _____	
CITY, STATE, ZIP <u>EAST CARBON, UT 84520</u>			
PHONE NO. <u>800-444-4451</u>			
TYPED OR PRINTED FULL NAME & SIGNATURE <u>[Signature]</u>		DATE <u>12-02-96</u>	
GEN		OLD/NEW	L A TONS
TRANS			S B
C/Q			RT/CD HWDF
			NONE
		DISCREPANCY	
		Barin Olson, Facility Engr.	



NO. 101526

## NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR	NAME <u>MC DONNELL DOUGLAS REALTY CO.</u> JOB# <u>97-109A</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																														
	ADDRESS <u>4060 LAKEWOOD BLVD., 6TH FLOOR</u>		PROFILE NO. <span style="background-color: black; color: black;">[REDACTED]</span>																														
	CITY, STATE, ZIP <u>LONG BEACH, CA 90808</u>		PHONE NO. <u>(310) 627-3014</u>																														
	CONTAINERS: No. _____ <u>BAGS</u> Volume _____ YARDS      Weight _____																																
	TYPE: <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DRUM <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> OTHER <u>ROLLOFF/CUBE VAN</u>																																
	WASTE DESCRIPTION <u>NON-FRIABLE ASBESTOS</u> GENERATING PROCESS <u>X REMOVAL</u>																																
	<table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:40%;">COMPONENTS OF WASTE</th> <th style="width:10%;">PPM</th> <th style="width:10%;">%</th> <th style="width:40%;">COMPONENTS OF WASTE</th> <th style="width:10%;">PPM</th> <th style="width:10%;">%</th> </tr> <tr><td>1. _____</td><td>_____</td><td>_____</td><td>5. _____</td><td>_____</td><td>_____</td></tr> <tr><td>2. _____</td><td>_____</td><td>_____</td><td>6. _____</td><td>_____</td><td>_____</td></tr> <tr><td>3. _____</td><td>_____</td><td>_____</td><td>7. _____</td><td>_____</td><td>_____</td></tr> <tr><td>4. _____</td><td>_____</td><td>_____</td><td>8. _____</td><td>_____</td><td>_____</td></tr> </table>			COMPONENTS OF WASTE	PPM	%	COMPONENTS OF WASTE	PPM	%	1. _____	_____	_____	5. _____	_____	_____	2. _____	_____	_____	6. _____	_____	_____	3. _____	_____	_____	7. _____	_____	_____	4. _____	_____	_____	8. _____	_____	_____
	COMPONENTS OF WASTE	PPM	%	COMPONENTS OF WASTE	PPM	%																											
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2. _____	_____	_____	6. _____	_____	_____																												
3. _____	_____	_____	7. _____	_____	_____																												
4. _____	_____	_____	8. _____	_____	_____																												
PROPERTIES: pH _____ <input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> OTHER _____ HANDLING INSTRUCTIONS: <u>USE PROPER RESPIRATORY EQUIPMENT</u>																																	
TRANSPORTER	NAME <u>UNION PACIFIC TRANSPORTATION</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																														
	ADDRESS <u>1860 LINCOLN ST., 3RD FLOOR</u>		SERVICE ORDER NO. _____																														
	CITY, STATE, ZIP <u>DENVER, CO 90295</u>		PICK UP DATE <u>11/13/96</u>																														
	PHONE NO. <u>800-576-8444</u> TRUCK, UNIT, I.D. NO. <u>487</u> TYPED OR PRINTED FULL NAME & SIGNATURE <u>Bill Bonids</u> DATE <u>11/13/96</u> <u>300-022</u> <u>Bin 13 - 96-6642</u>																																
TSD FACILITY	NAME <u>ECDC ENVIRONMENTAL</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																														
	ADDRESS <u>1111 W. HWY 123</u>		DISPOSAL METHOD																														
	CITY, STATE, ZIP <u>EAST CARBON, UT 84520</u>		<input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER _____																														
	PHONE NO. <u>800-444-4451</u> TYPED OR PRINTED FULL NAME & SIGNATURE <u>Darin T. Olson</u> DATE <u>11-23-96</u> Darin T. Olson, Facility Engr.																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">GEN</td> <td rowspan="3" style="width:20%;">OLD/NEW</td> <td style="width:10%;">L</td> <td style="width:10%;">A</td> <td rowspan="2" style="width:10%;">TONS</td> <td rowspan="3" style="width:30%;">DISCREPANCY</td> </tr> <tr> <td>TRANS</td> <td>S</td> <td>B</td> </tr> <tr> <td>C/Q</td> <td>RT/CD</td> <td>HWDF</td> <td>NONE</td> </tr> </table>				GEN	OLD/NEW	L	A	TONS	DISCREPANCY	TRANS	S	B	C/Q	RT/CD	HWDF	NONE																	
GEN	OLD/NEW	L	A	TONS		DISCREPANCY																											
TRANS		S	B																														
C/Q		RT/CD	HWDF	NONE																													

NO. 101527

## NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR	NAME <u>MC DONNELL DOUGLAS REALTY CO.</u> JOB# <u>97-109A</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																														
	ADDRESS <u>4060 LAKEWOOD BLVD., 6TH FLOOR</u>		PROFILE NO. <span style="background-color: black; color: black;">[REDACTED]</span>																														
	CITY, STATE, ZIP <u>LONG BEACH, CA 90808</u>		PHONE NO. <u>310) 627-3014</u>																														
	CONTAINERS: No. _____ BAGS      Volume _____ YARDS Weight _____																																
TRANSPORTER	TYPE: <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DRUM <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> OTHER <u>ROLLOFF/CUBE VAN</u>																																
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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">COMPONENTS OF WASTE</td> <td style="width:10%; text-align: center;">PPM</td> <td style="width:10%; text-align: center;">%</td> <td style="width:33%; text-align: center;">COMPONENTS OF WASTE</td> <td style="width:10%; text-align: center;">PPM</td> <td style="width:10%; text-align: center;">%</td> </tr> <tr><td>1. _____</td><td>_____</td><td>_____</td><td>5. _____</td><td>_____</td><td>_____</td></tr> <tr><td>2. _____</td><td>_____</td><td>_____</td><td>6. _____</td><td>_____</td><td>_____</td></tr> <tr><td>3. _____</td><td>_____</td><td>_____</td><td>7. _____</td><td>_____</td><td>_____</td></tr> <tr><td>4. _____</td><td>_____</td><td>_____</td><td>8. _____</td><td>_____</td><td>_____</td></tr> </table>			COMPONENTS OF WASTE	PPM	%	COMPONENTS OF WASTE	PPM	%	1. _____	_____	_____	5. _____	_____	_____	2. _____	_____	_____	6. _____	_____	_____	3. _____	_____	_____	7. _____	_____	_____	4. _____	_____	_____	8. _____	_____	_____
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	3. _____	_____	_____	7. _____	_____	_____																											
	4. _____	_____	_____	8. _____	_____	_____																											
	PROPERTIES: pH _____ <input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> OTHER _____																																
	HANDLING INSTRUCTIONS: <u>USE PROPER RESPIRATORY EQUIPMENT</u>																																
<div style="border: 1px solid black; padding: 5px; display: inline-block; width: 30%;">             THE GENERATOR CERTIFIES THAT THE WASTE AS DESCRIBED IS 100% NON-HAZARDOUS.           </div> <div style="margin-left: 20px;"> <u><i>[Signature]</i></u>      <u>11-13-96</u>              TYPED OR PRINTED FULL NAME &amp; SIGNATURE      DATE           </div>																																	
NAME <u>UNION PACIFIC TRANSPORTATION</u> EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																																	
ADDRESS <u>1860 LINCOLN ST., 3RD FLOOR</u> SERVICE ORDER NO. _____																																	
CITY, STATE, ZIP <u>DENVER, CO 90295</u> PICK UP DATE <u>11/13/96</u>																																	
PHONE NO. <u>800-576-8444</u> <u><i>[Signature]</i></u> <u>11/13/96</u> TRUCK, UNIT, I.D. NO.      TYPED OR PRINTED FULL NAME & SIGNATURE      DATE <u>2047-96-1042</u>																																	
TSD FACILITY	NAME <u>ECDC ENVIRONMENTAL</u> EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																																
	ADDRESS <u>1111 W. HWY 123</u> DISPOSAL METHOD																																
	CITY, STATE, ZIP <u>EAST CARBON, UT 84520</u> <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER _____																																
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">GEN</td> <td style="width:15%;">OLD/NEW</td> <td style="width:10%;">L</td> <td style="width:10%;">A</td> <td style="width:10%;">TONS</td> <td rowspan="3" style="width:40%; vertical-align: top;">           Darin T. Olson, Facility Engr.             DISCREPANCY         </td> </tr> <tr> <td>TRANS</td> <td></td> <td>S</td> <td>B</td> <td></td> </tr> <tr> <td>C/Q</td> <td></td> <td>RT/CD</td> <td>HWDF</td> <td>NONE</td> </tr> </table>		GEN	OLD/NEW	L	A	TONS	Darin T. Olson, Facility Engr.  DISCREPANCY	TRANS		S	B		C/Q		RT/CD	HWDF	NONE															
GEN	OLD/NEW	L	A	TONS	Darin T. Olson, Facility Engr.  DISCREPANCY																												
TRANS		S	B																														
C/Q		RT/CD	HWDF	NONE																													

NO. 101528

## NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR	NAME <u>MC DONNELL DOUGLAS REALTY CO.</u> <u>JOB#97-109</u> EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																																									
	ADDRESS <u>4060 LAKEWOOD BLVD., 6TH FLOOR</u> PROFILE NO. <span style="background-color: black; color: black;">[REDACTED]</span>																																									
	CITY, STATE, ZIP <u>LONG BEACH, CA 90808</u> PHONE NO. <u>310 627-3014</u>																																									
	CONTAINERS: No. _____ BAGS <u>30</u> Volume _____ YARDS _____ Weight _____																																									
	TYPE: <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DRUM <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> OTHER <u>ROLLOFF/CUBE VAN</u>																																									
	WASTE DESCRIPTION <u>NON-FRIABLE ASBESTOS</u> GENERATING PROCESS <u>REMOVAL</u>																																									
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TRANSPORTER	HANDLING INSTRUCTIONS: <u>USE PROPER RESPIRATORY EQUIPMENT</u>																																									
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	<u>Jesus Pedrona</u> 11-16-96 TYPED OR PRINTED FULL NAME & SIGNATURE DATE																																									
	NAME <u>UNION PACIFIC TRANSPORTATION</u> EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																																									
TSD FACILITY	ADDRESS <u>1860 LINCOLN ST. 3RD FLOOR</u> SERVICE ORDER NO. <u>110-76</u>																																									
	CITY, STATE, ZIP <u>DENVER, CO 80295</u> PICK UP DATE _____																																									
	PHONE NO. <u>300-375-8444</u>																																									
	<u>Jesus Pedrona</u> 11-16-96 TRUCK, UNIT, I.D. NO. <u>163-1921</u> TYPED OR PRINTED FULL NAME & SIGNATURE DATE																																									
TSD FACILITY	NAME <u>ECDC ENVIRONMENTAL</u> EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																																									
	ADDRESS <u>1111 W. HWY 123</u> DISPOSAL METHOD <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER _____																																									
	CITY, STATE, ZIP <u>EAST CARBON, UT 84520</u>																																									
	PHONE NO. <u>800-44404451</u>																																									
		<u>Don T. Olson</u> 12-02-96 TYPED OR PRINTED FULL NAME & SIGNATURE DATE																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>GEN</td> <td rowspan="3">OLD/NEW</td> <td>L</td> <td>A</td> <td rowspan="2">TONS</td> </tr> <tr> <td>TRANS</td> <td>S</td> <td>B</td> </tr> <tr> <td>C/Q</td> <td>RT/CD</td> <td>HWDF</td> <td>NONE</td> </tr> </table>		GEN	OLD/NEW	L	A	TONS	TRANS	S	B	C/Q	RT/CD	HWDF	NONE	DISCREPANCY																												
GEN	OLD/NEW	L		A	TONS																																					
TRANS		S		B																																						
C/Q		RT/CD	HWDF	NONE																																						

# NON-HAZARDOUS WASTE DATA FORM

**BOE-C6-0079375**

NO. 101539

## NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR	NAME <u>MC DONNELL DOGLAS REALTY CO.</u>		JOB# <u>97-109A</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>												
	ADDRESS <u>4060 LAKEWOOD BLVD., 6TH FLOOR</u>				PROFILE NO. <span style="background-color: black; color: black;">[REDACTED]</span>												
	CITY, STATE, ZIP <u>LONG BEACH, CA 90808</u>				PHONE NO. <u>810 627-3014</u>												
	CONTAINERS: No. _____		BAGS _____		Volume <u>25</u> YARDS _____ Weight _____												
TRANSPORTER	TYPE: <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DRUM <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> OTHER <u>ROLLOFF/CUBE VAN</u>																
	WASTE DESCRIPTION <u>NON-FRIABLE ASBESTOS</u>		GENERATING PROCESS <u>REMOVAL</u>														
	COMPONENTS OF WASTE		COMPONENTS OF WASTE														
	PPM		PPM														
	%		%														
	1. _____		5. _____														
	2. _____		6. _____														
	3. _____		7. _____														
	4. _____		8. _____														
	PROPERTIES: pH _____ <input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> OTHER _____																
HANDLING INSTRUCTIONS: <u>USE PROPER RESPIRATORY EQUIPMENT</u>																	
<div style="border: 1px solid black; padding: 5px; display: inline-block;">             THE GENERATOR CERTIFIES THAT THE WASTE AS DESCRIBED IS 100% NON-HAZARDOUS.           </div> <div style="margin-left: 200px;"> <u><i>[Signature]</i></u>              TYPED OR PRINTED FULL NAME &amp; SIGNATURE           </div> <div style="margin-left: 100px;"> <u>11-22-96</u>              DATE           </div>																	
TSD FACILITY	NAME <u>UNION PACIFIC TRANSPORTATION</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>														
	ADDRESS <u>1860 LINCOLN ST. 3RD FLOOR</u>		SERVICE ORDER NO. _____														
	CITY, STATE, ZIP <u>DENVER, CO 80295</u>		PICK UP DATE _____														
	PHONE NO. <u>800-576-8444</u>		_____														
	TRUCK, UNIT, I.D. NO. _____		<u><i>[Signature]</i></u> TYPED OR PRINTED FULL NAME & SIGNATURE														
	_____		<u>11-22-96</u> DATE														
<u>NUC-200-012 - 96-1642</u>																	
TSD FACILITY	NAME <u>ECDC ENVIRONMENTAL</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>														
	ADDRESS <u>1111 W. HWY 123</u>		DISPOSAL METHOD														
	CITY, STATE, ZIP <u>EAST CARBON, UT 84520</u>		<input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER _____														
	PHONE NO. <u>800-444-4451</u>		_____														
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	_____		<u>12-6-96</u> DATE														
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GEN	OLD/NEW	L	A	TONS	DISCREPANCY												
TRANS		S	B <sup>1</sup>														
C/Q		RT/CD	HWDF	NONE													
Darin T. Olson, Facility Engr.																	

NO. 101540

## NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR	NAME <u>MC DONNELL DOUGLAS REALTY CO.</u> JOB# <u>97-109A</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>	
	ADDRESS <u>4060 LAKEWOOD BLVD., 6TH FLOOR</u>		PROFILE NO. <span style="background-color: black; color: black;">[REDACTED]</span>	
	CITY, STATE, ZIP <u>LONG BEACH, CA 90808</u>		PHONE NO. <u>310 627-3014</u>	
	CONTAINERS: No. _____	BAGS _____	Volume <u>25</u> YARDS Weight _____	
TRANSPORTER	TYPE: <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DRUM <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> OTHER <u>ROLLOFF/CUBE VAN</u>			
	WASTE DESCRIPTION <u>NON-FRIABLE ASBESTOS</u>		GENERATING PROCESS <u>REMOVAL</u>	
	COMPONENTS OF WASTE	PPM	%	
	1. _____	_____	_____	
	2. _____	_____	_____	
	3. _____	_____	_____	
	4. _____	_____	_____	
	5. _____	_____	_____	
	6. _____	_____	_____	
	7. _____	_____	_____	
8. _____	_____	_____		
PROPERTIES: pH _____ <input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> OTHER _____				
HANDLING INSTRUCTIONS: <u>USE PROPER RESPIRATORY EQUIPMENT</u>				
<div style="border: 1px solid black; padding: 5px; display: inline-block;">             THE GENERATOR CERTIFIES THAT THE WASTE AS DESCRIBED IS 100% NON-HAZARDOUS.           </div> <div style="margin-left: 200px;"> <u><i>[Signature]</i></u>              TYPED OR PRINTED FULL NAME &amp; SIGNATURE           </div> <div style="margin-left: 200px;"> <u>11-27-96</u>              DATE           </div>				
TSD FACILITY	NAME <u>UNION PACIFIC TRANSPORTATION</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>	
	ADDRESS <u>1860 LINCOLN ST. 3RD FLOOR</u>		SERVICE ORDER NO. _____	
	CITY, STATE, ZIP <u>DENVER, CO 80295</u>		PICK UP DATE _____	
	PHONE NO. <u>800-576-8444</u>			
	TRUCK, UNIT, I.D. NO. <u>96-1642</u>		<u><i>[Signature]</i></u> TYPED OR PRINTED FULL NAME & SIGNATURE	
			<u>11-22-96</u> DATE	
NAME <u>ECDC ENVIRONMENTAL</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>		
ADDRESS <u>1111 W. HWY 123</u>		DISPOSAL METHOD		
CITY, STATE, ZIP <u>EAST CARBON, UT 84520</u>		<input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER _____		
PHONE NO. <u>800-444-4451</u>				
<u><i>[Signature]</i></u> TYPED OR PRINTED FULL NAME & SIGNATURE		<u>12-6-96</u> DATE		
Darin T. Olson, Facility Engr.				
GEN	OLD/NEW	L	A	TONS
TRANS		S	B	
C/Q		RT/CD	HWDF NONE	

NO. 101544

## NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR	NAME <u>MC DONNELL DOUGLAS REALTY CO.</u> JOB# <u>96-109A</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																														
	ADDRESS <u>4060 LAKEWOOD BLVD., 6TH FLOOR</u>		PROFILE NO. <span style="background-color: black; color: black;">[REDACTED]</span>																														
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	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">COMPONENTS OF WASTE</th> <th style="width:10%;">PPM</th> <th style="width:10%;">%</th> <th style="width:33%;">COMPONENTS OF WASTE</th> <th style="width:10%;">PPM</th> <th style="width:10%;">%</th> </tr> </thead> <tbody> <tr><td>1. _____</td><td>_____</td><td>_____</td><td>5. _____</td><td>_____</td><td>_____</td></tr> <tr><td>2. _____</td><td>_____</td><td>_____</td><td>6. _____</td><td>_____</td><td>_____</td></tr> <tr><td>3. _____</td><td>_____</td><td>_____</td><td>7. _____</td><td>_____</td><td>_____</td></tr> <tr><td>4. _____</td><td>_____</td><td>_____</td><td>8. _____</td><td>_____</td><td>_____</td></tr> </tbody> </table>			COMPONENTS OF WASTE	PPM	%	COMPONENTS OF WASTE	PPM	%	1. _____	_____	_____	5. _____	_____	_____	2. _____	_____	_____	6. _____	_____	_____	3. _____	_____	_____	7. _____	_____	_____	4. _____	_____	_____	8. _____	_____	_____
	COMPONENTS OF WASTE	PPM	%	COMPONENTS OF WASTE	PPM	%																											
1. _____	_____	_____	5. _____	_____	_____																												
2. _____	_____	_____	6. _____	_____	_____																												
3. _____	_____	_____	7. _____	_____	_____																												
4. _____	_____	_____	8. _____	_____	_____																												
PROPERTIES: pH _____ <input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> OTHER _____																																	
TRANSPORTER	HANDLING INSTRUCTIONS: <u>USE PROPER RESPIRATORY EQUIPMENT</u>																																
	<div style="border: 1px solid black; padding: 5px; display: inline-block;">             THE GENERATOR CERTIFIES THAT THE WASTE AS DESCRIBED IS 100% NON-HAZARDOUS.           </div>																																
	<u>Thomas Blussie</u> TYPED OR PRINTED FULL NAME & SIGNATURE		<u>11-25-96</u> DATE																														
	NAME <u>UNION PACIFIC TRANSPORTATION</u> EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span> ADDRESS <u>1860 LINCOLN ST., 3RD FLOOR</u> SERVICE ORDER NO. <u>C122193</u> CITY, STATE, ZIP <u>DENVER, CO 80295</u> PICK UP DATE <u>11/25/96</u> PHONE NO. <u>800-576-8444</u> TRUCK, UNIT, I.D. NO. <u>179</u> <u>Bin # 200-040</u>																																
TSD FACILITY	NAME <u>ECDC ENVIRONMENTAL</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																														
	ADDRESS <u>1111 W. HWY 123</u>		DISPOSAL METHOD																														
	CITY, STATE, ZIP <u>EAST CARBON, UT 84520</u>		<input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER _____																														
	PHONE NO. <u>800-444-4451</u>		<u>Darin T. Olson</u> TYPED OR PRINTED FULL NAME & SIGNATURE																														
		<u>12-7-90</u> DATE																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">GEN</td> <td style="width:15%;">OLD/NEW</td> <td style="width:10%;">L</td> <td style="width:10%;">A</td> <td style="width:10%;">TONS</td> <td rowspan="3" style="width:30%; vertical-align: top;">Darin T. Olson, Facility Engr.</td> </tr> <tr> <td>TRANS</td> <td></td> <td>S</td> <td>B</td> <td></td> </tr> <tr> <td>C/Q</td> <td></td> <td colspan="2">RT/CD</td> <td>HWDF NONE</td> </tr> </table>				GEN	OLD/NEW	L	A	TONS	Darin T. Olson, Facility Engr.	TRANS		S	B		C/Q		RT/CD		HWDF NONE														
GEN	OLD/NEW	L	A	TONS	Darin T. Olson, Facility Engr.																												
TRANS		S	B																														
C/Q		RT/CD		HWDF NONE																													
DISCREPANCY																																	

me all  
Geeeee

NO. 101545

## NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR	NAME <u>MC DONNELL DOUGLAS REALTY CO. JOB#97-109A</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																				
	ADDRESS <u>4060 LAKEWOOD BLVD. 6TH FLOOR</u>		PROFILE NO. <span style="background-color: black; color: black;">[REDACTED]</span>																				
	CITY, STATE, ZIP <u>LONG BEACH, CA 90808</u>		PHONE NO. <u>310 627-3014</u>																				
	CONTAINERS: No. _____ BAGS _____ Volume <u>40</u> YARDS _____ Weight _____																						
TRANSPORTER	TYPE: <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DRUM <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> OTHER <u>ROLLOFF/CUBE VAN</u>																						
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	COMPONENTS OF WASTE		PPM	%																			
1.	_____	_____	_____																				
2.	_____	_____	_____																				
3.	_____	_____	_____																				
4.	_____	_____	_____																				
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COMPONENTS OF WASTE		PPM	%																				
5.	_____	_____	_____																				
6.	_____	_____	_____																				
7.	_____	_____	_____																				
8.	_____	_____	_____																				
TSD FACILITY	PROPERTIES: pH _____ <input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> OTHER _____																						
	HANDLING INSTRUCTIONS: <u>USE PROPER RESPIRATORY EQUIPMENT</u>																						
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	<u>[Signature]</u> TYPED OR PRINTED FULL NAME & SIGNATURE		<u>11-25-96</u> DATE																				
TSD FACILITY	NAME <u>UNION PACIFIC R TRANSPORTATION</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																				
	ADDRESS <u>1860 LINCOLN ST., 3RD FLOOR</u>		SERVICE ORDER NO. <u>C122/93</u>																				
	CITY, STATE, ZIP <u>DENVER, CO 80295</u>		PICK UP DATE <u>11/25/96</u>																				
	PHONE NO. <u>800-576-8444</u>																						
TRUCK, UNIT, I.D. NO. <u>179</u>																							
<u>[Signature]</u> TYPED OR PRINTED FULL NAME & SIGNATURE			<u>11/25/96</u> DATE																				
<u>BIR # 5640 SC 20 295246</u>			<u>-96-1642</u>																				
TSD FACILITY	NAME <u>ECDC ENVIRONMENTAL</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																				
	ADDRESS <u>1111 W. HWY 123</u>		DISPOSAL METHOD																				
	CITY, STATE, ZIP <u>EAST CARBON, UT 84520</u>		<input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER _____																				
	PHONE NO. <u>800-444-4451</u>																						
<u>[Signature]</u> TYPED OR PRINTED FULL NAME & SIGNATURE			<u>12-7-96</u> DATE																				
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GEN	OLD/NEW	L	A		TONS																		
TRANS		S	B																				
C/Q		RT/CD	HWDF: <u>NONE</u>																				



NO. 101546

## NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR	NAME <u>MC DONNELL DOUGLAS REALTY CO.</u> JOB# <u>97-109A</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>											
	ADDRESS <u>4060 LAKEWOOD BLVD., 6TH FLOOR</u>		PROFILE NO. <span style="background-color: black; color: black;">[REDACTED]</span>											
	CITY, STATE, ZIP <u>LONG BEACH, CA 90808</u>		PHONE NO. <u>310 627-3014</u>											
	CONTAINERS: No. _____	BAGS _____	Volume <u>40</u> YARDS Weight _____											
	TYPE: <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DRUM <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> OTHER <u>ROLLOFF/CUBE VAN</u>													
	WASTE DESCRIPTION <u>NON-FRIABLE ASBESTOS</u> GENERATING PROCESS <u>REMOVAL</u>													
	COMPONENTS OF WASTE PPM % COMPONENTS OF WASTE PPM %													
	1. _____ 5. _____ 2. _____ 6. _____ 3. _____ 7. _____ 4. _____ 8. _____													
	PROPERTIES: pH _____ <input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> OTHER _____													
	HANDLING INSTRUCTIONS: <u>USE PROPER RESPIRATORY EQUIPMENT</u>													
	THE GENERATOR CERTIFIES THAT THE WASTE AS DESCRIBED IS 100% NON-HAZARDOUS.													
	<u>[Signature]</u> TYPED OR PRINTED FULL NAME & SIGNATURE		<u>12-02-96</u> DATE											
TRANSPORTER	NAME <u>UNION PACIFIC TRANSPORTATION</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>											
	ADDRESS <u>1860 LINCOLN ST., 3RD FLOOR</u>		SERVICE ORDER NO. <u>C122</u>											
	CITY, STATE, ZIP <u>DENVER, CO 80295</u>		PICK UP DATE <u>12/2/96</u>											
	PHONE NO. <u>300-576-8444</u>													
	TRUCK, UNIT, I.D. NO. <u>179</u>		<u>[Signature]</u> TYPED OR PRINTED FULL NAME & SIGNATURE											
	<u>Bin # SCXU295613</u>		<u>12/2/96</u> DATE											
	<u>ECDC 96-1642</u>													
TSD FACILITY	NAME <u>ECDC ENVIRONMENTAL</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>											
	ADDRESS <u>1111 W. HWY 123</u>		DISPOSAL METHOD											
	CITY, STATE, ZIP <u>EAST CARBON, UT 84520</u>		<input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER _____											
	PHONE NO. <u>800-444-4451</u>													
<u>[Signature]</u> TYPED OR PRINTED FULL NAME & SIGNATURE			<u>12-13-96</u> DATE											
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GEN	OLD/NEW	L	A		TONS									
TRANS		S	B											
C/Q		RT/CD	HWDF											





NO. 101566

## NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR	NAME <u>MC DONNELL DOUGLAS REALTY CO.</u> JOB# <u>97-109A</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																									
	ADDRESS <u>4060 LAKEWOOD BLVD., 6TH FLOOR</u>		PROFILE NO. <span style="background-color: black; color: black;">[REDACTED]</span>																									
	CITY, STATE, ZIP <u>LONG BEACH, CA 90808</u>		PHONE NO. <u>(310) 627-3014</u>																									
	CONTAINERS: No. _____ CM _____ Volume _____ YARDS _____ Weight _____																											
TRANSPORTER	TYPE: <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DRUM <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> OTHER <u>ROLLOFF/CUBE VAN</u>																											
	WASTE DESCRIPTION <u>NON-FRIABLE ASBESTOS</u> GENERATING PROCESS <u>REMOVAL</u>																											
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	COMPONENTS OF WASTE			PPM	%																							
1.	_____	_____	_____	_____																								
2.	_____	_____	_____	_____																								
3.	_____	_____	_____	_____																								
4.	_____	_____	_____	_____																								
PROPERTIES: pH _____ <input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> OTHER _____ HANDLING INSTRUCTIONS: <u>USE PROPER RESPIRATORY EQUIPMENT</u>																												
TSD FACILITY	THE GENERATOR CERTIFIES THAT THE WASTE AS DESCRIBED IS 100% NON-HAZARDOUS.																											
	<u>Ricky Rickard / Ricky Rickard</u> 10/21/96 TYPED OR PRINTED FULL NAME & SIGNATURE DATE																											
	NAME <u>UNION PACIFIC TRANSPORTATION</u> EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																											
	ADDRESS <u>1860 LINCOLN ST. 3RD</u> SERVICE ORDER NO. <u>C120611</u> CITY, STATE, ZIP <u>DENVER, CO 80295</u> PICK UP DATE <u>10/21/96</u> PHONE NO. <u>800-AAA 576-8444</u> <u>Thomas Blessie / Thomas Blessie</u> 10/21/96 TRUCK, UNIT, I.D. NO. TYPED OR PRINTED FULL NAME & SIGNATURE DATE <u>179-1239</u> <u>BIN ECCU 289</u> <u>96-1642</u>																											
TSD FACILITY	NAME <u>ECDC ENVIRONMENTAL</u> EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																											
	ADDRESS <u>1111 W. HWY 123</u>																											
	CITY, STATE, ZIP <u>EAST CARBON, UT 84520</u> DISPOSAL METHOD <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER _____																											
	PHONE NO. <u>800-444-4451</u> <u>Dolson</u> 10-31-96 TYPED OR PRINTED FULL NAME & SIGNATURE DATE <u>Darin T. Olson, Facility Engr.</u>																											
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GEN	OLD/NEW	L	A	TONS																								
TRANS		S	B																									
C/Q		RT/CD	HWDF NONE																									
DISCREPANCY <u>DO</u>																												

NO. 101567

## NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR	NAME <u>MC DONNELL DOUGLAS REALTY CO.</u> <u>JBB#97-109A</u>		EPA I.D. NO. 	
	ADDRESS <u>4060 LAKEWOOD BLVD., 6TH FLOOR</u>		PROFILE NO. 	
	CITY, STATE, ZIP <u>LONG BEACH, CA 90808</u>		PHONE NO. <u>310 627-3014</u>	
	CONTAINERS: No. _____	BAGS _____	Volume _____ YARDS _____ Weight _____	
TO BE COMPLETED BY TRANSPORTER	TYPE: <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DRUM <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> OTHER <u>ROLLOFF/CUBE VAN</u>			
	WASTE DESCRIPTION <u>NON-FRIABLE ASBESTOS</u>		GENERATING PROCESS <u>REMOVAL</u>	
	COMPONENTS OF WASTE	PPM	%	
	1. _____	_____	_____	
	2. _____	_____	_____	
	3. _____	_____	_____	
	4. _____	_____	_____	
	5. _____	_____	_____	
	6. _____	_____	_____	
	7. _____	_____	_____	
8. _____	_____	_____		
PROPERTIES: pH _____ <input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> OTHER _____				
HANDLING INSTRUCTIONS: <u>USE PROPER RESPIRATORY EQUIPMENT</u>				
<div style="border: 1px solid black; padding: 5px; display: inline-block;">             THE GENERATOR CERTIFIES THAT THE WASTE AS DESCRIBED IS 100% NON-HAZARDOUS.           </div>				
<u>Rich Rickard / Rich Rickard</u> 10/21/96 TYPED OR PRINTED FULL NAME & SIGNATURE DATE				
TO BE COMPLETED BY TSD FACILITY	NAME <u>UNION PACIFIC TRANSPORTATION</u>		EPA I.D. NO. 	
	ADDRESS <u>1860 LINCOLN ST. 3RD FLOOR</u>		SERVICE ORDER NO. <u>C120611</u>	
	CITY, STATE, ZIP <u>DENVER, CO 80295</u>		PICK UP DATE <u>10/21/96</u>	
	PHONE NO. <u>800-576-4484</u>			
	TRUCK, UNIT, I.D. NO. <u>179 1239</u>			
	<u>Thomas Blessin</u> 10/21/96 TYPED OR PRINTED FULL NAME & SIGNATURE DATE			
	<u>ECCU</u> <u>Bin 344</u> <u>96-1642</u>			
	NAME <u>ECDC ENVIRONMENTAL 1</u>		EPA I.D. NO. 	
	ADDRESS <u>1111 W. HWY 123</u>		DISPOSAL METHOD	
	CITY, STATE, ZIP <u>EAST CARBON, UT 84520</u>		<input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER _____	
PHONE NO. <u>800-444-4451</u>				
<u>Darin T. Olson</u> 10-31-96 TYPED OR PRINTED FULL NAME & SIGNATURE DATE				
Darin T. Olson, Facility Engr.				
GEN	OLD/NEW	L	A	TONS
TRANS		S	B	
C/Q		RT/CD	HWDF	
				NONE
DISCREPANCY				

NO. 101568

## NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR	NAME <u>MC DONNELL DOUGLAS REALTY CO.</u> JOB# <u>97-109A</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																				
	ADDRESS <u>4060 X LAKEWOOD BLVD., 6TH FLOOR</u>		PROFILE NO. <span style="background-color: black; color: black;">[REDACTED]</span>																				
	CITY, STATE, ZIP <u>LONG BEACH, CA 90808</u>		PHONE NO. <u>(310) 627-3014</u>																				
	CONTAINERS: No. _____	BAGS _____	Volume <u>40</u> YARDS Weight _____																				
TRANSPORTER	TYPE: <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DRUM <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> OTHER <u>ROLLOFF/CUBE VAN</u>																						
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	COMPONENTS OF WASTE		PPM	%																			
1.	_____	_____	_____																				
2.	_____	_____	_____																				
3.	_____	_____	_____																				
4.	_____	_____	_____																				
PROPERTIES: pH _____ <input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> OTHER _____																							
TSD FACILITY	HANDLING INSTRUCTIONS: <u>USE PROPER RESPIRATORY EQUIPMENT</u>																						
	THE GENERATOR CERTIFIES THAT THE WASTE AS DESCRIBED IS 100% NON-HAZARDOUS.																						
	<u>Ricky Rickard / Ricky Rickard</u> TYPED OR PRINTED FULL NAME & SIGNATURE DATE																						
	NAME <u>UNION PACIFIC TRANSPORTATION</u> EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																						
TSD FACILITY	ADDRESS <u>1860 LINCOLN ST. 3RD FLOOR</u> SERVICE ORDER NO. _____																						
	CITY, STATE, ZIP <u>DENVER, CO 80295</u> PICK UP DATE <u>10-26-96</u>																						
	PHONE NO. <u>800-444-4451</u>																						
	TRUCK, UNIT, I.D. NO. <u>163-1989</u> <u>96-1642</u> <u>10-26-96</u> TYPED OR PRINTED FULL NAME & SIGNATURE DATE																						
NAME <u>ECDC ENVIRONMENTAL</u> EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																							
ADDRESS <u>1111 W. HWY 123</u>																							
CITY, STATE, ZIP <u>EAST CARBON, UT 84520</u> DISPOSAL METHOD <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER _____																							
PHONE NO. <u>800-444-4451</u>																							
<u>Darin T. Olson</u> TYPED OR PRINTED FULL NAME & SIGNATURE DATE <u>11/18/96</u>																							
Darin T. Olson, Facility Engr.																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>GEN</td> <td rowspan="3">OLD/NEW</td> <td>L</td> <td>A</td> <td rowspan="2">TONS</td> </tr> <tr> <td>TRANS</td> <td>S</td> <td>B</td> </tr> <tr> <td>C/Q</td> <td>RT/CD</td> <td>HWDF</td> <td>NONE</td> <td>DISCREPANCY</td> </tr> </table>			GEN	OLD/NEW	L	A	TONS	TRANS	S	B	C/Q	RT/CD	HWDF	NONE	DISCREPANCY								
GEN	OLD/NEW	L	A		TONS																		
TRANS		S	B																				
C/Q		RT/CD	HWDF	NONE	DISCREPANCY																		

NO. 101569

## NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR	NAME <u>MC DONNELL DOUGLAS</u>		JOB# <u>97-109A</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>													
	ADDRESS <u>4060 LAKEWOOD BLVD., 6TH FLOOR</u>		PROFILE NO. <span style="background-color: black; color: black;">[REDACTED]</span>															
	CITY, STATE, ZIP <u>LONG BEACH, CA 90808</u>		PHONE NO. <u>(310) 627-3024</u>															
	CONTAINERS: No. _____ BAGS _____		Volume <u>40</u> YARDS _____		Weight _____													
	TYPE: <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DRUM <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> OTHER <u>ROLLOFF/CUBE VAN</u>																	
	WASTE DESCRIPTION <u>NON-FRIABLE ASBESTOS</u>		GENERATING PROCESS <u>REMOVAL</u>															
	COMPONENTS OF WASTE      PPM      % 1. _____ 2. _____ 3. _____ 4. _____		COMPONENTS OF WASTE      PPM      % 5. _____ 6. _____ 7. _____ 8. _____															
	PROPERTIES: pH _____ <input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> OTHER _____ HANDLING INSTRUCTIONS: <u>USE PROPER RESPIRATORY EQUIPMENT</u>																	
TRANSPORTER	NAME <u>UNION PACIFIC TRANSPORTATION</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>															
	ADDRESS <u>1860 LINCOLN ST. 3RD FLOOR</u>		SERVICE ORDER NO. _____															
	CITY, STATE, ZIP <u>DENVER, CO 80295</u>		PICK UP DATE <u>10-26-96</u>															
	PHONE NO. <u>800-576-8444</u>		<u>JESUS T. OLSON</u> TYPED OR PRINTED FULL NAME & SIGNATURE      DATE <u>10-26-96</u>															
TSD FACILITY	NAME <u>ECDC ENVIRONMENTAL</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>															
	ADDRESS <u>1111 W. HWY 123</u>		DISPOSAL METHOD															
	CITY, STATE, ZIP <u>EAST CARBON, UT 84520</u>		<input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER _____															
	PHONE NO. <u>800-444-4451</u>		<u>Darin T. Olson by KCM/ILM 11/02/96</u> TYPED OR PRINTED FULL NAME & SIGNATURE      DATE															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>GEN</td> <td rowspan="3">OLD/NEW</td> <td>L</td> <td>A</td> <td rowspan="2">TONS</td> <td rowspan="3">DISCREPANCY</td> </tr> <tr> <td>TRANS</td> <td>S</td> <td>B</td> </tr> <tr> <td>C/Q</td> <td>RT/CD</td> <td>HWDF</td> <td>NONE</td> </tr> </table>						GEN	OLD/NEW	L	A	TONS	DISCREPANCY	TRANS	S	B	C/Q	RT/CD	HWDF	NONE
GEN	OLD/NEW	L	A	TONS	DISCREPANCY													
TRANS		S	B															
C/Q		RT/CD	HWDF	NONE														

NO. 101570

## NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR	NAME <u>MC DONNELL DOUGLAS</u>		JOB# <u>97-109A</u>		EPA I.D. NO. <u>[REDACTED]</u>
	ADDRESS <u>4060 LAKEWOOD BLVD., 6TH FLOOR</u>				
	CITY, STATE, ZIP <u>LONG BEACH, CA 90808</u>				
	PHONE NO. <u>(310) 627-3014</u>				
CONTAINERS: No. _____		BAGS _____		Volume _____	YARDS _____ Weight _____
TYPE: <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DRUM <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> OTHER <u>ROLLOFF/CUBE VAN</u>					
WASTE DESCRIPTION <u>NON-FRIABLE ASBESTOS</u> GENERATING PROCESS <u>REMOVAL</u>					
COMPONENTS OF WASTE		PPM	%	COMPONENTS OF WASTE	
1. _____		_____	_____	5. _____	
2. _____		_____	_____	6. _____	
3. _____		_____	_____	7. _____	
4. _____		_____	_____	8. _____	
PROPERTIES: pH _____ <input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> OTHER _____					
HANDLING INSTRUCTIONS: <u>USE PROPER RESPIRATORY EQUIPMENT</u>					
THE GENERATOR CERTIFIES THAT THE WASTE AS DESCRIBED IS 100% NON-HAZARDOUS. <u>Richard Pickard / Richard Pickard</u> TYPED OR PRINTED FULL NAME & SIGNATURE DATE					
TO BE COMPLETED BY TRANSPORTER	NAME <u>UNION PACIFIC TRANSPORTATION</u>		EPA I.D. NO. <u>[REDACTED]</u>		
	ADDRESS <u>1860 LINCOLN ST., 3RD FLOOR</u>				
	CITY, STATE, ZIP <u>DENVER, CO 80295</u>				
	PHONE NO. <u>800-575-8444</u>				
TRUCK, UNIT, I.D. NO. <u>155-3880 B-10 410176 96-1642</u>		SERVICE ORDER NO. <u>C120623</u> PICK UP DATE <u>10/25/96</u> <u>Thomas Blessin / Thomas Blessin</u> TYPED OR PRINTED FULL NAME & SIGNATURE DATE			
TSD FACILITY	NAME <u>ECDC ENVIRONMENTAL</u>		EPA I.D. NO. <u>[REDACTED]</u>		
	ADDRESS <u>1111 W. HWY 123</u>				
	CITY, STATE, ZIP <u>EAST CARBON, UT 84520</u>				
	PHONE NO. <u>800-444-4451</u>				
DISPOSAL METHOD <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER _____					
<u>Darin T. Olson by [Signature]</u> TYPED OR PRINTED FULL NAME & SIGNATURE DATE					
Darin T. Olson, Facility Engr.					
GEN	OLD/NEW	L	A	TONS	
TRANS		S	B		
C/Q		RT/CD	HWDF	NONE	
DISCREPANCY					

NO. 101572

## NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR	NAME <u>MC DONNELL DOUGLAS</u>		JOB# <u>97-109A</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>												
	ADDRESS <u>4060 LAKEWOOD BLVD., 6TH FLOOR</u>		PROFILE NO. <span style="background-color: black; color: black;">[REDACTED]</span>														
	CITY, STATE, ZIP <u>LONG BEACH, CA 90808</u>		PHONE NO. <u>(310) 627-3014</u>														
	CONTAINERS: No. _____		BAGS _____		Volume _____	YARDS _____	Weight _____										
TRANSPORTER	TYPE: <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DRUM <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> OTHER <u>ROLLOFF/CUBE VAN</u>																
	WASTE DESCRIPTION <u>NON-FRIABLE ASBESTOS</u>			GENERATING PROCESS <u>REMOVAL</u>													
	COMPONENTS OF WASTE      PPM      % 1. _____ 2. _____ 3. _____ 4. _____			COMPONENTS OF WASTE      PPM      % 5. _____ 6. _____ 7. _____ 8. _____													
	PROPERTIES: pH _____ <input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> OTHER _____ HANDLING INSTRUCTIONS: <u>USE PROPER RESPIRATORY EQUIPMENT</u>																
TSD FACILITY	THE GENERATOR CERTIFIES THAT THE WASTE AS DESCRIBED IS 100% NON-HAZARDOUS.			<u>Richy Beckard / Richy Beckard</u> TYPED OR PRINTED FULL NAME & SIGNATURE      DATE													
	NAME <u>UNION PACIFIC TRANSPORTATION</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>														
	ADDRESS <u>1860 LINCOLN ST., 3RD FLOOR</u>		SERVICE ORDER NO. <u>11781</u>														
	CITY, STATE, ZIP <u>DENVER, CO 80295</u>		PICK UP DATE <u>10-25-96</u>														
PHONE NO. <u>800-444-4451</u>		<u>Jesus Pedraza Jr</u> TYPED OR PRINTED FULL NAME & SIGNATURE      DATE		<u>10-25-96</u>													
TRUCK, UNIT, I.D. NO. <u>163-1239</u>		<u>13, 231-96-1652</u>															
NAME <u>ECDC ENVIRONMENTAL</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>															
ADDRESS <u>1111 W. HWY 123</u>		DISPOSAL METHOD															
CITY, STATE, ZIP <u>EAST CARBON, UT 84520</u>		<input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER _____															
PHONE NO. <u>800-444-4451</u>		<u>Darin T. Olson by [Signature]</u> TYPED OR PRINTED FULL NAME & SIGNATURE      DATE		<u>11/04/96</u>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>GEN</td> <td rowspan="3">OLD/NEW</td> <td>L</td> <td>A</td> <td rowspan="2">TONS</td> </tr> <tr> <td>TRANS</td> <td>S</td> <td>B</td> </tr> <tr> <td>C/Q</td> <td>RT/CD</td> <td>HWDF</td> <td>NONE</td> </tr> </table>		GEN	OLD/NEW	L	A	TONS	TRANS	S	B	C/Q	RT/CD	HWDF	NONE	Darin T. Olson, Facility Engr.			DISCREPANCY
GEN	OLD/NEW	L		A	TONS												
TRANS		S		B													
C/Q		RT/CD	HWDF	NONE													

NO. 101607

## NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR	NAME <u>MC DONNELL DOUGALS REALTY CO.</u>		JOB# <u>97-109A</u> EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																
	ADDRESS <u>4060 LAKEWOOD BLVD., 6TH FLOOR</u>		PROFILE NO. <span style="background-color: black; color: black;">[REDACTED]</span>																
	CITY, STATE, ZIP <u>LONG BEACH, CA 90808</u>		PHONE NO. <u>(310) 627-3014</u>																
	CONTAINERS: No. _____ <u>BAGS</u> Volume _____		YARDS _____ Weight _____																
TRANSPORTER	TYPE: <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DRUM <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> OTHER <u>GONDOLA # LRWN 6157</u>																		
	WASTE DESCRIPTION <u>NON-FRIABLE ASBESTOS</u>		GENERATING PROCESS <u>REMOVAL</u>																
	COMPONENTS OF WASTE PPM %		COMPONENTS OF WASTE PPM %																
	1. _____		5. _____																
	2. _____		6. _____																
	3. _____		7. _____																
	4. _____		8. _____																
	PROPERTIES: pH _____ <input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> OTHER _____																		
	HANDLING INSTRUCTIONS: <u>USE PROPER RESPIRATORY EQUIPMENT</u>																		
	<div style="border: 1px solid black; padding: 5px; display: inline-block;">             THE GENERATOR CERTIFIES THAT THE WASTE AS DESCRIBED IS 100% NON-HAZARDOUS.           </div> <div style="display: inline-block; vertical-align: bottom; margin-left: 20px;"> <u>Tom May</u>              TYPED OR PRINTED FULL NAME &amp; SIGNATURE           </div> <div style="display: inline-block; vertical-align: bottom; margin-left: 20px;"> <u>12-17-96</u>              DATE           </div>																		
TSD FACILITY	NAME <u>UNION PACIFIC TRANSPORTATION</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																
	ADDRESS <u>1860 LINCOLN ST. 3RD FLOOR</u>		SERVICE ORDER NO. _____																
	CITY, STATE, ZIP <u>DENVER, CO 80205</u>		PICK UP DATE _____																
	PHONE NO. <u>800-576-8444</u>																		
TRUCK, UNIT, I.D. NO. <u>96-1642</u>		<u>Jess Boyce</u> TYPED OR PRINTED FULL NAME & SIGNATURE																	
		<u>12-17-96</u> DATE																	
TSD FACILITY	NAME <u>ECDC ENVIRONMENTAL</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																
	ADDRESS <u>1111 W. HWY 123</u>		DISPOSAL METHOD																
	CITY, STATE, ZIP <u>EAST CARBON, UT 84520</u>		<input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER _____																
	PHONE NO. <u>800-444-4451</u>																		
		<u>T. Olson</u> TYPED OR PRINTED FULL NAME & SIGNATURE																	
		<u>12-13-96</u> DATE																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">GEN</td> <td rowspan="3" style="width: 25%;">OLD/NEW</td> <td style="width: 25%;">L</td> <td style="width: 25%;">A</td> <td rowspan="3" style="width: 25%;">TONS</td> </tr> <tr> <td>TRANS</td> <td>S</td> <td>B</td> </tr> <tr> <td>C/Q</td> <td>RT/CD</td> <td>HWDF</td> </tr> <tr> <td colspan="2"></td> <td colspan="2" style="text-align: center;">NONE</td> <td>DISCREPANCY</td> </tr> </table>		GEN	OLD/NEW	L	A	TONS	TRANS	S	B	C/Q	RT/CD	HWDF			NONE		DISCREPANCY	<u>D. Olson</u> TYPED OR PRINTED FULL NAME & SIGNATURE	
GEN	OLD/NEW	L		A	TONS														
TRANS		S		B															
C/Q		RT/CD	HWDF																
		NONE		DISCREPANCY															
		<u>12-13-96</u> DATE																	



NO. 101608

## NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR	NAME <u>MC DONNELL DOUGALS REALTY CO.</u> JOB# <u>97-109A</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>		
	ADDRESS <u>4060 LAKEWOOD BLVD., 6TH FLOOR</u>		PROFILE NO. <span style="background-color: black; color: black;">[REDACTED]</span>		
	CITY, STATE, ZIP <u>LONG BEACH, CA 90808</u>		PHONE NO. <u>310627-3014</u>		
	CONTAINERS: No. _____	BAGS _____	Volume <u>40</u> YARDS Weight _____		
TRANSPORTER	TYPE: <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DRUM <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> OTHER <u>GONDOLA # CBRV 3907</u>				
	WASTE DESCRIPTION <u>NON-FRIABLE ASBESTOS</u>		GENERATING PROCESS <u>REMOVAL</u>		
	COMPONENTS OF WASTE	PPM	%		
	1. _____	_____	_____		
	2. _____	_____	_____		
	3. _____	_____	_____		
	4. _____	_____	_____		
	5. _____	_____	_____		
	6. _____	_____	_____		
	7. _____	_____	_____		
8. _____	_____	_____			
PROPERTIES: pH _____ <input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> OTHER _____					
HANDLING INSTRUCTIONS: <u>USE PROPER RESPIRATORY EQUIPMENT</u>					
<div style="border: 1px solid black; padding: 5px; display: inline-block;">           THE GENERATOR CERTIFIES THAT THE WASTE AS DESCRIBED IS 100% NON-HAZARDOUS.         </div> <div style="margin-left: 200px;"> <u>[Signature]</u> <u>12-02-96</u>            TYPED OR PRINTED FULL NAME &amp; SIGNATURE DATE         </div>					
TSD FACILITY	NAME <u>UNION PACIFIC TRANSPORTATION</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>		
	ADDRESS <u>1860 LINCOLN ST. 3RD FLOOR</u>		SERVICE ORDER NO. <u>C122377</u>		
	CITY, STATE, ZIP <u>DENVER CO. 80295</u>		PICK UP DATE <u>12/2/96</u>		
	PHONE NO. <u>800-576-8444</u>				
	TRUCK, UNIT, I.D. NO. <u>179</u>				
	<u>[Signature]</u> <u>12/2/96</u> TYPED OR PRINTED FULL NAME & SIGNATURE DATE				
NAME <u>ECDC ENVIRONMENTAL</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>			
ADDRESS <u>1111 W. 123 HWY</u>		DISPOSAL METHOD			
CITY, STATE, ZIP <u>EAST CARBON, UT 84520</u>		<input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER _____			
PHONE NO. <u>800-444-4451</u>					
<u>[Signature]</u> <u>12-13-96</u> TYPED OR PRINTED FULL NAME & SIGNATURE DATE					
GEN	OLD/NEW	L	A	TONS	Darin T. Olson Facility Engr.
TRANS		S	B		
C/Q		RT/CD	HWDF	NONE	

NO. 101609

## NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR	NAME <u>MC DONNELL DOUGLAS REALTY CO.</u> <u>DOB#97-109A</u> EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																															
	ADDRESS <u>4060 LAKEWOOD BLVD., 6TH FLOOR</u> PROFILE NO. <span style="background-color: black; color: black;">[REDACTED]</span>																															
	CITY, STATE, ZIP <u>LONG BEACH, CA 90808</u> PHONE NO. <u>310 627-3014</u>																															
	CONTAINERS: No. _____ BAGS _____ Volume _____ YARDS _____ Weight _____																															
TRANSPORTER	TYPE: <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DRUM <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> OTHER <u>GONDOLA # GVSR 323094</u>																															
	WASTE DESCRIPTION <u>NON-FRIABLE ASBESTOS</u> GENERATING PROCESS <u>REMOVAL</u>																															
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">COMPONENTS OF WASTE</th> <th style="width: 10%;">PPM</th> <th style="width: 10%;">%</th> <th style="width: 40%;">COMPONENTS OF WASTE</th> <th style="width: 10%;">PPM</th> <th style="width: 10%;">%</th> </tr> </thead> <tbody> <tr><td>1. _____</td><td>_____</td><td>_____</td><td>5. _____</td><td>_____</td><td>_____</td></tr> <tr><td>2. _____</td><td>_____</td><td>_____</td><td>6. _____</td><td>_____</td><td>_____</td></tr> <tr><td>3. _____</td><td>_____</td><td>_____</td><td>7. _____</td><td>_____</td><td>_____</td></tr> <tr><td>4. _____</td><td>_____</td><td>_____</td><td>8. _____</td><td>_____</td><td>_____</td></tr> </tbody> </table>		COMPONENTS OF WASTE	PPM	%	COMPONENTS OF WASTE	PPM	%	1. _____	_____	_____	5. _____	_____	_____	2. _____	_____	_____	6. _____	_____	_____	3. _____	_____	_____	7. _____	_____	_____	4. _____	_____	_____	8. _____	_____	_____
	COMPONENTS OF WASTE	PPM	%	COMPONENTS OF WASTE	PPM	%																										
1. _____	_____	_____	5. _____	_____	_____																											
2. _____	_____	_____	6. _____	_____	_____																											
3. _____	_____	_____	7. _____	_____	_____																											
4. _____	_____	_____	8. _____	_____	_____																											
PROPERTIES: pH _____ <input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> OTHER _____ HANDLING INSTRUCTIONS: <u>USE PROPER RESPIRATORY EQUIPMENT</u>																																
TSD FACILITY	THE GENERATOR CERTIFIES THAT THE WASTE AS DESCRIBED IS 100% NON-HAZARDOUS. <u>Tom May</u> <u>Tom May</u> <u>12-17-96</u> TYPED OR PRINTED FULL NAME & SIGNATURE DATE																															
	NAME <u>UNION PACIFIC TRANSPORTATION</u> EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																															
	ADDRESS <u>1860 LINCOLN STREET 3RD FLOOR</u> SERVICE ORDER NO. _____																															
	CITY, STATE, ZIP <u>DENVER, CO 80205</u> PICK UP DATE _____																															
TSD FACILITY	PHONE NO. <u>800-576-8444</u>																															
	TRUCK, UNIT, I.D. NO. <u>96-1642</u>																															
	<u>Fess Boyd</u> <u>Fess Boyd</u> <u>12-17-96</u> TYPED OR PRINTED FULL NAME & SIGNATURE DATE																															
	NAME <u>ECDC ENVIRONMENTAL</u> EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																															
ADDRESS <u>1111 W. HWY 123</u> DISPOSAL METHOD <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER _____																																
CITY, STATE, ZIP <u>EAST CARBON, UT 84520</u>																																
PHONE NO. <u>800-444-4451</u>																																
<u>D Olson</u> <u>D Olson</u> <u>12-9-96</u> TYPED OR PRINTED FULL NAME & SIGNATURE DATE																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">GEN</td> <td style="width: 20%;">OLD/NEW</td> <td style="width: 10%;">L</td> <td style="width: 10%;">A</td> <td style="width: 10%;">TONS</td> <td rowspan="3" style="width: 30%; vertical-align: top;">           Darin T. Olson, Facility Engr.              DISCREPANCY         </td> </tr> <tr> <td>TRANS</td> <td></td> <td>S</td> <td>B</td> <td></td> </tr> <tr> <td>C/Q</td> <td></td> <td>RT/CD</td> <td></td> <td>HWDF NONE</td> </tr> </table>		GEN	OLD/NEW	L	A	TONS	Darin T. Olson, Facility Engr.   DISCREPANCY	TRANS		S	B		C/Q		RT/CD		HWDF NONE															
GEN	OLD/NEW	L	A	TONS	Darin T. Olson, Facility Engr.   DISCREPANCY																											
TRANS		S	B																													
C/Q		RT/CD		HWDF NONE																												



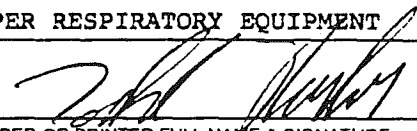

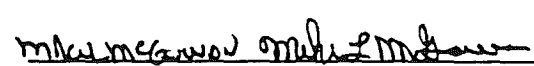
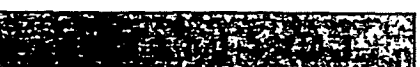
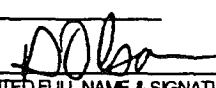
NO. 101610

## NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR	NAME <u>MC DONNELL DOUGLAS REALTY CO</u> <u>JB#97-109A</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																				
	ADDRESS <u>4060 LAKEWOOD BLVD., 6TH FLOOR</u>		PROFILE NO. <span style="background-color: black; color: black;">[REDACTED]</span>																				
	CITY, STATE, ZIP <u>LONG BEACH, CA 90808</u>		PHONE NO. <u>(310) 627-3014</u>																				
	CONTAINERS: No. _____ BAGS _____ Volume _____ YARDS _____ Weight _____																						
TRANSPORTER	TYPE: <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DRUM <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> OTHER <u>GONDOLA # CTRN 501169</u>																						
	WASTE DESCRIPTION <u>NON-FRIABLE ASBESTOS</u>																						
	GENERATING PROCESS <u>REMOVAL</u>																						
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">COMPONENTS OF WASTE</th> <th style="width: 10%;">PPM</th> <th style="width: 10%;">%</th> </tr> <tr><td>1. _____</td><td>_____</td><td>_____</td></tr> <tr><td>2. _____</td><td>_____</td><td>_____</td></tr> <tr><td>3. _____</td><td>_____</td><td>_____</td></tr> <tr><td>4. _____</td><td>_____</td><td>_____</td></tr> </table>			COMPONENTS OF WASTE	PPM	%	1. _____	_____	_____	2. _____	_____	_____	3. _____	_____	_____	4. _____	_____	_____					
	COMPONENTS OF WASTE	PPM	%																				
	1. _____	_____	_____																				
	2. _____	_____	_____																				
	3. _____	_____	_____																				
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COMPONENTS OF WASTE	PPM	%																					
5. _____	_____	_____																					
6. _____	_____	_____																					
7. _____	_____	_____																					
8. _____	_____	_____																					
PROPERTIES: pH _____ <input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> OTHER _____																							
HANDLING INSTRUCTIONS: <u>USE PROPER RESPIRATORY EQUIPMENT</u>																							
<div style="border: 1px solid black; padding: 5px; display: inline-block;">             THE GENERATOR CERTIFIES THAT THE WASTE AS DESCRIBED IS 100% NON-HAZARDOUS.           </div>																							
<u><i>Ron Viny Tachy</i></u> <u>12-17-96</u> TYPED OR PRINTED FULL NAME & SIGNATURE DATE																							
TSD FACILITY	NAME <u>UNION PACIFIC TRANSPORTATION</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																				
	ADDRESS <u>1880 LINCOLN STREET 3RD FLOOR</u>		SERVICE ORDER NO. _____																				
	CITY, STATE, ZIP <u>DENVER, CO 80295</u>		PICK UP DATE _____																				
	PHONE NO. <u>800-576-8444</u>																						
	TRUCK, UNIT, I.D. NO. <u>96-1642</u>																						
<u><i>Fess Boyd JB</i></u> <u>12-17-96</u> TYPED OR PRINTED FULL NAME & SIGNATURE DATE																							
TSD FACILITY	NAME <u>ECDC ENVIRONMENTAL</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																				
	ADDRESS <u>1111 W. HWY 123</u>		DISPOSAL METHOD																				
	CITY, STATE, ZIP <u>EAST CARBON, UT 84520</u>		<input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER _____																				
	PHONE NO. <u>800-444-4451</u>																						
	<u><i>D Olson</i></u> <u>12-9-96</u> TYPED OR PRINTED FULL NAME & SIGNATURE DATE																						
Darin T. Olson, Facility Engr.																							
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GEN	OLD/NEW	L	A	TONS																			
TRANS		S	B																				
C/Q		RT/CD	HWDF	NONE																			
					DISCREPANCY																		

NO. 101614

## NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR	NAME <u>MC DONNELL DOUGLA SREALTY CO.</u> <u>97-109A</u>		EPA I.D. NO. 												
	ADDRESS <u>4060 LAKEWOOD BLVD., 6TH FLOOR</u>		PROFILE NO. 												
	CITY, STATE, ZIP <u>LONG BEACH, CA 90808</u>		PHONE NO. <u>(310) 627-3014</u>												
	CONTAINERS: No. _____	BAGS _____	Volume <u>40</u> YARDS Weight _____												
TRANSPORTER	TYPE: <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DRUM <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> OTHER <u>ROLLOFF/CUBE VAN</u>														
	WASTE DESCRIPTION <u>NON-FRIABLE ASBESTOS</u>		GENERATING PROCESS <u>REMOVAL</u>												
	COMPONENTS OF WASTE	PPM	%												
	1. _____	_____	_____												
	2. _____	_____	_____												
	3. _____	_____	_____												
	4. _____	_____	_____												
	PROPERTIES: pH _____ <input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> OTHER _____														
	HANDLING INSTRUCTIONS: <u>USE PROPER RESPIRATORY EQUIPMENT</u>														
	<div style="border: 1px solid black; padding: 5px; display: inline-block;">             THE GENERATOR CERTIFIES THAT THE WASTE AS DESCRIBED IS 100% NON-HAZARDOUS.           </div> <div style="margin-left: 200px;">               TYPED OR PRINTED FULL NAME &amp; SIGNATURE           </div> <div style="margin-left: 200px;"> <u>12-4-96</u>              DATE           </div>														
TSD FACILITY	NAME <u>UNION PACIFIC TRANSPORTATION</u>		EPA I.D. NO. 												
	ADDRESS <u>1860 LINCOLN ST. 3RD FLOOR</u>		SERVICE ORDER NO. <u>C122112</u>												
	CITY, STATE, ZIP <u>DENVER, CO 80205</u>		PICK UP DATE <u>12-4-96</u>												
	PHONE NO. <u>800-576-8444</u>														
	TRUCK, UNIT, I.D. NO. <u>523 ECDC 289 96-1642</u>		 TYPED OR PRINTED FULL NAME & SIGNATURE												
TSD FACILITY	NAME <u>ECDC ENVIRONMENTAL</u>		EPA I.D. NO. 												
	ADDRESS <u>1111 W. HWY 123</u>		DISPOSAL METHOD												
	CITY, STATE, ZIP <u>EAST CARBON, UT 84520</u>		<input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER _____												
	PHONE NO. <u>800-444-4451</u>														
	 TYPED OR PRINTED FULL NAME & SIGNATURE		<u>12-13-96</u> DATE												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>GEN</td> <td rowspan="3">OLD/NEW</td> <td>L</td> <td>A</td> <td rowspan="2">TONS</td> </tr> <tr> <td>TRANS</td> <td>S</td> <td>B</td> </tr> <tr> <td>C/O</td> <td>RT/CD</td> <td>HWDF</td> <td>NONE</td> </tr> </table>			GEN	OLD/NEW	L	A	TONS	TRANS	S	B	C/O	RT/CD	HWDF	NONE	DISCREPANCY
GEN	OLD/NEW	L	A		TONS										
TRANS		S	B												
C/O		RT/CD	HWDF	NONE											

NO. 101615

## NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR

NAME MC DONNELL DOUGALS REALTY CO. JOB#97-109A

EPA  
I.D.  
NO.

ADDRESS 4060 LAKEWOOD BLVD., 6TH FLOOR

PROFILE  
NO.

CITY, STATE, ZIP LONG BEACH, CA 90808

PHONE NO. (310) 627-3014

CONTAINERS: No.

BAGS

Volume

25

YARDS

Weight

TYPE:

☐TANK  
TRUCK☐DUMP  
TRUCK☐

DRUM

☐

CARTONS

☒

OTHER

ROLLOFF/CUBE VAN

WASTE DESCRIPTION NON-FRIABLE ASBESTOS

GENERATING PROCESS REMOVAL

COMPONENTS OF WASTE

PPM

%

COMPONENTS OF WASTE

PPM

%

1.

5.

2.

6.

3.

7.

4.

8.

PROPERTIES: pH ☐ SOLID ☐ LIQUID ☐ SLUDGE ☐ SLURRY ☐ OTHER

HANDLING INSTRUCTIONS: USE PROPER RESPIRATORY EQUIPMENT

THE GENERATOR CERTIFIES THAT THE  
WASTE AS DESCRIBED IS 100%  
NON-HAZARDOUS.

TYPED OR PRINTED FULL NAME &amp; SIGNATURE

DATE

TO BE COMPLETED BY TRANSPORTER

NAME UNION PACIFIC TRANSPORTATION

EPA  
I.D.  
NO.

ADDRESS 1860 LINCOLN ST. 3RD FLOOR

SERVICE ORDER NO.

CITY, STATE, ZIP DENVER, CO 80205

PICK UP DATE

PHONE NO. 800-2576-8444

TRUCK, UNIT, I.D. NO. 163-3869

TYPED OR PRINTED FULL NAME &amp; SIGNATURE

DATE

NAME ECDC ENVIRONMENTAL

EPA  
I.D.  
NO.

ADDRESS 1111 W. HWY123

DISPOSAL METHOD

CITY, STATE, ZIP EAST CARBON, UT 84520

☒ LANDFILL ☐ OTHER

PHONE NO. 800-444-4451

TYPED OR PRINTED FULL NAME &amp; SIGNATURE

DATE

TSD FACILITY

GEN	OLD/NEW	L	A	TONS
TRANS		S	B	
C/Q		RT/CD	HWDF	NONE

DISCREPANCY

Darin T. Olson, Facility Engr.

Bin 194

NO. 101616

# NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR

NAME MC DONNELL DOUGALS REALTY CO. JOB#97-109A

EPA  
I.D.  
NO.

ADDRESS 4060 LAKEWOOD BLVD. 6TH FLOOR

PROFILE  
NO.

CITY, STATE, ZIP LONG BEACH, CA 90808

PHONE NO. 310 627-3014

CONTAINERS: No. 1-CM BAGS 18 Volume 30 YARDS Weight \_\_\_\_\_

TYPE: ☐ TANK TRUCK ☐ DUMP TRUCK ☐ DRUM ☐ CARTONS ☒ OTHER ROLLOFF/CUBE VAN

WASTE DESCRIPTION NON-FRIABLE ASBESTOS

GENERATING PROCESS REMOVAL

COMPONENTS OF WASTE

PPM

%

COMPONENTS OF WASTE

PPM

%

1. \_\_\_\_\_ 5. \_\_\_\_\_  
2. \_\_\_\_\_ 6. \_\_\_\_\_  
3. \_\_\_\_\_ 7. \_\_\_\_\_  
4. \_\_\_\_\_ 8. \_\_\_\_\_

PROPERTIES: pH \_\_\_\_\_ ☐ SOLID ☐ LIQUID ☐ SLUDGE ☐ SLURRY ☐ OTHER \_\_\_\_\_

HANDLING INSTRUCTIONS: USE PROPER RESPIRATORY EQUIPMENT

THE GENERATOR CERTIFIES THAT THE  
WASTE AS DESCRIBED IS 100%  
NON-HAZARDOUS.

Joe Garza AGENT FOR MC DONNELL DOUGLAS  
TYPED OR PRINTED FULL NAME & SIGNATURE

1-13-97  
DATE

TO BE COMPLETED BY TRANSPORTER

NAME UNION PACIFIC TRANSPORTATION

EPA  
I.D.  
NO.

ADDRESS 1860 LINCOLN ST. 3RD FLOOR

SERVICE ORDER NO. C122460

CITY, STATE, ZIP DENVER, CO 80205

PICK UP DATE 1/13/97

PHONE NO. 800-576-8444

TRUCK, UNIT, I.D. NO.

Thomas Blissett  
TYPED OR PRINTED FULL NAME & SIGNATURE

1/13/97  
DATE

TO BE COMPLETED BY FACILITY

NAME ECDC ENVIRONMENTAL

EPA  
I.D.  
NO.

ADDRESS 1111 W. HWY 123

DISPOSAL METHOD

CITY, STATE, ZIP EAST CARBON, UT 84520

☒ LANDFILL ☐ OTHER \_\_\_\_\_

PHONE NO. 800-444-4451

Darin T. Olson by Darin T. Olson  
TYPED OR PRINTED FULL NAME & SIGNATURE

1-23-97  
DATE

GEN	OLD/NEW	L	A	TONS
TRANS		S	B	
C/O		RT/CD	HWDF	NONE

Darin T. Olson, Facility Engr.

DISCREPANCY

NO. 101618

## NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR	NAME <u>MC DONNELL DOUGLAS REALTY CO.</u> JOB# <u>97-109A</u> EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																															
	ADDRESS <u>4060 LAKEWOOD BLVD., 6TH FLOOR</u> PROFILE NO. <span style="background-color: black; color: black;">[REDACTED]</span>																															
	CITY, STATE, ZIP <u>LONG BEACH, CA 90808</u> PHONE NO. <u>810 627-3014</u>																															
	CONTAINERS: No. _____ BAGS _____ Volume _____ YARDS _____ Weight _____																															
TRANSPORTER	TYPE: <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DRUM <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> OTHER <u>Gondola # C3RY 3907</u>																															
	WASTE DESCRIPTION <u>NON-FRIABLE ASBESTOS</u> GENERATING PROCESS <u>REMOVAL</u>																															
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	COMPONENTS OF WASTE	PPM	%	COMPONENTS OF WASTE	PPM	%																										
	1. _____	_____	_____	5. _____	_____	_____																										
	2. _____	_____	_____	6. _____	_____	_____																										
	3. _____	_____	_____	7. _____	_____	_____																										
	4. _____	_____	_____	8. _____	_____	_____																										
	PROPERTIES: pH _____ <input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> OTHER _____																															
	HANDLING INSTRUCTIONS: <u>USE PROPER RESPIRATORY EQUIPMENT</u>																															
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NAME <u>UNION PACIFIC TRANSPORTATION</u> EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																																
ADDRESS <u>1860 LINCOLN ST. 3RD FLOOR</u> SERVICE ORDER NO. _____																																
CITY, STATE, ZIP <u>DENVER, CO 80205</u> PICK UP DATE _____																																
PHONE NO. <u>800-576-8444</u>																																
<u>Fess Boyd</u> <u>Fess Boyd</u> <u>12-17-96</u> TRUCK, UNIT, I.D. NO. TYPED OR PRINTED FULL NAME & SIGNATURE DATE																																
TSD FACILITY	NAME <u>ECDC ENVIRONMENTAL</u> EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																															
	ADDRESS <u>1111 W. HWY 123</u> DISPOSAL METHOD _____																															
	CITY, STATE, ZIP <u>EAST CARBON, UT 84520</u> <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER _____																															
	PHONE NO. <u>800-444-4451</u>																															
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GEN	OLD/NEW	L		A	TONS																											
TRANS		S		B																												
C/Q		RT/CD	HWDF	NONE																												
<u>Darin T. Olson, Facility Engr.</u> DISCREPANCY																																

NO. 101673

## NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR	NAME <u>MC DONNELL GOUBLAS REALTY CO.</u> JOB# <u>97-109A</u>		EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																														
	ADDRESS <u>4060 LAKEWOOD BLVD., 6TH FLOOR</u>		PROFILE NO. <span style="background-color: black; color: black;">[REDACTED]</span>																														
	CITY, STATE, ZIP <u>LONG BEACH, CA 90808</u>		PHONE NO. <u>310, 627-3014</u>																														
	CONTAINERS: No. _____ <u>BAGS</u> Volume _____ <u>YARDS</u> Weight _____																																
TRANSPORTER	TYPE: <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DRUM <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> OTHER <u>GONDOLA # SP800067</u>																																
	WASTE DESCRIPTION <u>NON-FRIABLE ASBESTOS</u> GENERATING PROCESS <u>REMOVAL</u>																																
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	COMPONENTS OF WASTE	PPM	%	COMPONENTS OF WASTE	PPM	%																											
1. _____	_____	_____	5. _____	_____	_____																												
2. _____	_____	_____	6. _____	_____	_____																												
3. _____	_____	_____	7. _____	_____	_____																												
4. _____	_____	_____	8. _____	_____	_____																												
PROPERTIES: pH _____ <input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> OTHER _____ HANDLING INSTRUCTIONS: <u>USE PROPER RESPIRATORY EQUIPMENT</u>																																	
TSD FACILITY	THE GENERATOR CERTIFIES THAT THE WASTE AS DESCRIBED IS 100% NON-HAZARDOUS.																																
	TYPED OR PRINTED FULL NAME & SIGNATURE _____ DATE <u>12/20/96</u>																																
	NAME <u>UNION PACIFIC TRANSPORTATION</u> EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																																
	ADDRESS <u>1860 LINCOLN ST., 3RD FLOOR</u> SERVICE ORDER NO. _____ CITY, STATE, ZIP <u>DENVER, CO 80295</u> PICK UP DATE _____ PHONE NO. <u>800-576-8444</u> TRUCK, UNIT, I.D. NO. _____ TYPED OR PRINTED FULL NAME & SIGNATURE <u>Craig Powell</u> DATE <u>12/20/96</u>																																
TSD FACILITY	NAME <u>ECDC ENVIRONMENTAL</u> EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																																
	ADDRESS <u>1111 W. 123 HWY</u>																																
	CITY, STATE, ZIP <u>N EAST CARBON, UT 84520</u> DISPOSAL METHOD <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER _____ PHONE NO. <u>800-444-4431</u>																																
	TYPED OR PRINTED FULL NAME & SIGNATURE <u>Darin T. Olson</u> DATE <u>1-11-97</u> <u>Darin T. Olson, Facility Engr.</u>																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">GEN</td> <td rowspan="3" style="width: 15%;">OLD/NEW</td> <td style="width: 10%;">L</td> <td style="width: 10%;">A</td> <td rowspan="3" style="width: 10%;">TONS</td> </tr> <tr> <td>TRANS</td> <td>S</td> <td>B</td> </tr> <tr> <td>C/Q</td> <td>RT/CD</td> <td>HWDF NONE</td> </tr> </table>				GEN	OLD/NEW	L	A	TONS	TRANS	S	B	C/Q	RT/CD	HWDF NONE																			
GEN	OLD/NEW	L	A	TONS																													
TRANS		S	B																														
C/Q		RT/CD	HWDF NONE																														
DISCREPANCY																																	



NO. 101674

## NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR	NAME <u>MC DONNELL DOUGLAS REALTY CO.</u> JOB# <u>97-109A</u> EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																															
	ADDRESS <u>4060 LAKEWOOD BLVD., 6TH FLOOR</u> PROFILE NO. <span style="background-color: black; color: black;">[REDACTED]</span>																															
	CITY, STATE, ZIP <u>LONG BEACH, CA 90808</u> PHONE NO. <u>310 627-3014</u>																															
	CONTAINERS: No. _____ BAGS _____ Volume _____ YARDS _____ Weight _____																															
TRANSPORTER	TYPE: <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DRUM <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> OTHER <u>GONDOLA#SP800090</u>																															
	WASTE DESCRIPTION <u>NON-FRIABLE ASBESTOS</u> GENERATING PROCESS <u>REMOVAL</u>																															
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">COMPONENTS OF WASTE</th> <th style="width: 10%;">PPM</th> <th style="width: 10%;">%</th> <th style="width: 50%;">COMPONENTS OF WASTE</th> <th style="width: 10%;">PPM</th> <th style="width: 10%;">%</th> </tr> </thead> <tbody> <tr><td>1. _____</td><td>_____</td><td>_____</td><td>5. _____</td><td>_____</td><td>_____</td></tr> <tr><td>2. _____</td><td>_____</td><td>_____</td><td>6. _____</td><td>_____</td><td>_____</td></tr> <tr><td>3. _____</td><td>_____</td><td>_____</td><td>7. _____</td><td>_____</td><td>_____</td></tr> <tr><td>4. _____</td><td>_____</td><td>_____</td><td>8. _____</td><td>_____</td><td>_____</td></tr> </tbody> </table>		COMPONENTS OF WASTE	PPM	%	COMPONENTS OF WASTE	PPM	%	1. _____	_____	_____	5. _____	_____	_____	2. _____	_____	_____	6. _____	_____	_____	3. _____	_____	_____	7. _____	_____	_____	4. _____	_____	_____	8. _____	_____	_____
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TSD FACILITY	THE GENERATOR CERTIFIES THAT THE WASTE AS DESCRIBED IS 100% NON-HAZARDOUS. TYPED OR PRINTED FULL NAME & SIGNATURE _____ DATE _____																															
	NAME <u>UNION PACIFIC TRANSPORTATION</u> EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>																															
	ADDRESS <u>1860 LINCOLN ST., 3RD FLOOR</u> SERVICE ORDER NO. _____																															
	CITY, STATE, ZIP <u>DENVER, CO 80295</u> PICK UP DATE _____																															
PHONE NO. <u>800-576-8444</u>		TRUCK, UNIT, I.D. NO. _____ TYPED OR PRINTED FULL NAME & SIGNATURE <u><i>Chris Smith</i></u> DATE <u>12-20-96</u>																														
NAME <input checked="" type="checkbox"/> ECDC ENVIRONMENTAL EPA I.D. NO. <span style="background-color: black; color: black;">[REDACTED]</span>		DISPOSAL METHOD																														
ADDRESS <u>1111 W. 123 HWY</u>		<input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER _____																														
CITY, STATE, ZIP <u>EAST CARBON, UT 84520</u>		DATE <u>1-11-97</u>																														
PHONE NO. <u>800-444-4451</u>		TYPED OR PRINTED FULL NAME & SIGNATURE <u><i>Darin T. Olson</i></u>																														
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GEN	OLD/NEW			L	A		TONS																									
				S	B																											
		RT/CD	HWDF																													
TRANS				NONE																												
C/Q																																

96358029

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-7550

UNITED STATES DEPARTMENT OF TRANSPORTATION

## WASTE MANIFEST

C A D 0 8 6 5 1 0 0 0 5 5 8 8 2

H 9 1 of 1

## 3. Generator's Name and Mailing Address

MC DONNELL DOUGLAS REALTY CO.  
4060 LAKEWOOD BLVD., 6TH FLOOR  
LONG BEACH, CA 90808

4. Generator's Phone (310) 627-3014

State Manifest Document Number

96358829

## B. State Generator's ID

H A H Q 3 6 0 0 5 6 9 8

## 5. Transporter 1 Company Name

UNION PACIFIC TRANSPORTATION

## 6. US EPA ID Number

C A D 0 0 6 9 1 3 2 0 6

## C. State Transporter's ID

## D. Transporter's Phone

800-576-8444

## 7. Transporter 2 Company Name

Southern Pacific Transp

## 8. US EPA ID Number

C A D 0 0 6 9 1 3 2 0 6

## E. State Transporter's ID

## F. Transporter's Phone

## 9. Designated Facility Name and Site Address

ECBC ENVIRONMENTAL

1111 W. HWY 123

EAST CARBON, UT 84520

## 10. US EPA ID Number

U T C 0 9 3 0 1 2 2 0 1

## G. State Facility's ID

U T A H 9 0 - 2

## H. Facility's Phone

800-444-4451

## 11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

a.

RQ ASBESTOS, 9, NA2212, PG III

## 12. Containers

No.

Type

## 13. Total Quantity

## 14. Unit Wt/Vol

## I. Waste Number

State 151

EPA/Other

b.

State

EPA/Other

c.

State

EPA/Other

d.

State

EPA/Other

## J. Additional Descriptions for Materials Listed Above

SEPARABLE ASBESTOS CONTAINING WASTE

## K. Handling Codes for Wastes Listed Above

a. 03

b.

c.

d.

## 15. Special Handling Instructions and Additional Information

SITE ADDRESS: 19503 S. NORMANDIE, TORRANCE, CA 90502

CST JOB#97-109A

ASBESTOS REMOVAL REQUIREMENT 40 CFR 61 (BAGGED, SEALED &amp; LABELED)

EMERGENCY RESPONSE: 714-991-8300

FOR 1A1-1000-3023 W. CENTRAL AVE., PHOENIX, AZ 85012

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

## Printed/Typed Name

John M. ...

## Signature

John M. ...

## Month

12

## Day

11

## Year

96

## 17. Transporter 1 Acknowledgement of Receipt of Materials

## Printed/Typed Name

Thomas B. ...

## Signature

Thomas B. ...

## Month

12

## Day

21

## Year

96

## 18. Transporter 2 Acknowledgement of Receipt of Materials

## Printed/Typed Name

James Tomlinson

## Signature

James Tomlinson

## Month

12

## Day

21

## Year

96

## 19. Discrepancy Indication Space

96-1642

## 20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

## Printed/Typed Name

Darin T. Olson

## Signature

Darin T. Olson

## Month

12

## Day

28

## Year

96

DO NOT WRITE BELOW THIS LINE.

While: 15DF SENDS THIS COPY TO DSC WITHIN 30 DAYS  
To: P.O. Box 3000, Sacramento, CA 95812

96358826  
CAL  
VIA  
AIR

1-E 12-75

WI

424

TER

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AL R

NA

CALL

JR S

GEN

TRANSPORTER

FACILITY

UNIFORM HAZARDOUS  
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No.

2. Page 1

Information in the shaded areas  
is not required by Federal law.

C A D 0 8 7 6 5 1 0 0 1 0 5 8 8 2 6 1 of 1

3. Generator's Name and Mailing Address

MC DONNELL DOUGLAS REALTY CO.

4060 LAKEWOOD BLVD., 6TH FLOOR

LONG BEACH, CA 90808

4. Generator's Phone 319 627-3014

A. State Manifest Document Number

96358826

B. State Generator's ID

H A H 0 3 6 0 0 5 6 9 8

C. State Transporter's ID

D. Transporter's Phone

800-576-8444

5. Transporter 1 Company Name

UNION PACIFIC TRANSPORTATION

6. US EPA ID Number

C A D 0 0 6 9 1 3 2 0 6

7. Transporter 2 Company Name

SOUTHERN PACIFIC TRANS CAD 0 0 6 9 1 3 2 0 6

8. US EPA ID Number

9. Designated Facility Name and Site Address

ECDC ENVIRONMENTAL

1111 W. HWY 123

EAST CARBON, UT 84520

10. US EPA ID Number

U T C 0 9 3 0 1 2 2 0 1

E. State Transporter's ID

F. Transporter's Phone

800-576-6444

G. State Facility's ID

U T A H 9 0 1 2

H. Facility's Phone

800-444-4451

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

a.

RQ ASBESTOS, 9, NA2212, PG III

12. Containers  
No. Type

0 0 1 B A

13. Total  
Quantity

0 0 0 2 0

14. Unit  
Wt/Vol

Y

I. Waste Number

State 151

EPA/Other

b.

c.

d.

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

FRIABLE ASBESTOS CONTAINING WASTE

K. Handling Codes for Wastes Listed Above

a. 03

b.

c.

d.

15. Special Handling Instructions and Additional Information

SITE ADDRESS: 19503 S. NORMANDIE, TORRANCE, CA 90502

CST JOB#97-109A

ASBESTOS REQUIREMENT 40 CFR 61 (BAGGED, SEALED & LABELED)

ERG # 31

EMERGENCY RESPONSE: 714-991-8300

NURU 200-022

96-1642

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

JACK MARASCO

Signature

John Marasco

Month Day Year

1-9-97

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Michael McGowan

Signature

Michael McGowan

Month Day Year

01/09/97

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

James Tomlinson

Signature

James Tomlinson

Month Day Year

01/09/97

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Darin T. Olson

Signature

D Olson

Month Day Year

01/23/97

DO NOT WRITE BELOW THIS LINE.

960530  
IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ROCKWELL INTERNATIONAL CORPORATION 6633 CANOGA AVE., (P.O. BOX 7922 D 392, MC:PA 45) CANOGA PARK, CA 91309-7922 4. Generator's Phone (618) 586-1888 ATTN: NINA MATTERA MC:PA 45		6. US EPA ID Number C A L 0 0 0 0 6 0 9 0 5	96082	A. State Manifest Document Number 96359067	B. State Generator's ID H Y H Q 3 6 0 0 5 0 2 7
5. Transporter 1 Company Name MP ENVIRONMENTAL		8. US EPA ID Number C A T 0 0 0 6 2 4 2 4 7	D. Transporter's Phone 805-393-1151	C. State Transporter's ID	E. State Transporter's ID
7. Transporter 2 Company Name UNION PACIFIC TRANSPORTATION		10. US EPA ID Number C A D 0 0 6 9 1 3 2 0 6	F. Transporter's Phone 800-576-8444	G. State Facility's ID U T 9 4 - 2 2	H. Facility's Phone 800-444-4451
9. Designated Facility Name and Site Address ECDC ENVIRONMENTAL 1111 W. HWY 123 EAST CARBON, UT 84520					
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste Number State EPA/Other
a. RQ WASTE ASBESTOS MIXTURE RO ASBESTOS, 9, NA2212, PG III		001 C M	0 0 0 3 0	Y	151 N/A
b. <del>ASBESTOS</del>					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other
15. Special Handling Instructions and Additional Information TRANS TO ECDC 276 BIN # ILSU 4643482 TRANS ID # 2845 EXP. 5/31/97		K. Handling Codes for Wastes Listed Above Q3 b. c. d.			
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.  If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name CARROLL W. TAYLOR		Signature [Signature]		Month Day Year 02 04 97	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name JIM REED		Signature [Signature]		Month Day Year 02 04 97	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name JAMES TAMBORSON		Signature [Signature]		Month Day Year 02 04 97	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Darin T. Olson		Signature [Signature]		Month Day Year 02 21 97	

DO NOT WRITE BELOW THIS LINE.

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-7350

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.											
3. Generator's Name and Mailing Address ROCKWELL INTERNATIONAL CORPORATION 6633 CANOGA AVE., (P.O. BOX 7922 D 392, MC:PA 45) CANOGA PARK, CA 91309-7922 4. Generator's Phone (818) 586-1888 ATTN:NINA MATTERA MC:PA 45		C A L 0 0 0 0 6 0 9 0 5		9 6 0 8 0		A. State Manifest Document Number 96359069		B. State Generator's ID H Y H Q 3 6 0 0 5 0 2 7											
5. Transporter 1 Company Name MP ENVIRONMENTAL		6. US EPA ID Number C A T 0 0 0 6 2 4 2 4 7		C. State Transporter's ID		D. Transporter's Phone 805-393-1151		E. State Transporter's ID											
7. Transporter 2 Company Name UNION PACIFIC TRANSPORTATION		8. US EPA ID Number C A D 0 0 6 9 1 2 3 2 0 6		F. Transporter's Phone 800-576-8444		G. State Facility's ID U T 9 4 - 2 2		H. Facility's Phone 800-444-4451											
9. Designated Facility Name and Site Address ECDC ENVIRONMENTAL 1111 W. HWY 123 EAST CARBON, UT 84520		10. US EPA ID Number U T C 0 9 3 0 1 2 2 0 1		11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number) a. RQ WASTE ASBESTOS MIXTURE, RQ ASBESTOS, 9, NA2212, PG III b. <del>ASBESTOS</del> c. d.		12. Containers No. Type 0 0 1 C M		13. Total Quantity 0 0 0 3 0		14. Unit Wt/Vol Y		I. Waste Number State 151 EPA/Other N/A							
15. Special Handling Instructions and Additional Information JOBSITE ADDRESS: 2770 EAST CARSON STREET, LAKEWOOD, CA 90712 ASBESTOS REMOVAL REQUIREMENT 40 CFR 61 (BAGGED, SEALED & LABELED) WEAR PROPER PERSONAL PROTECTIVE EQUIPMENT. ERG# 171-24HR EMERGENCY CONTACT ROCKETDYNE SECURITY 818-586-2351 TRANS TO ESCH 276 BIO # TOLU 4242621 CST JOB# 97-153A TRANS ID # 2885 EXP 5/31/97		K. Handling Codes for Wastes Listed Above a. 03 b. c. d.		16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.  If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.		Printed/Typed Name CARROLL W. TAYLOR		Signature <i>Carroll W. Taylor</i>		Month 0 2		Day 0 4		Year 9 7					
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Jim Reed		Signature <i>Jim Reed</i>		Month 0 2		Day 0 4		Year 9 7		18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name James Tomlinson		Signature <i>James Tomlinson</i>		Month 0 2		Day 0 4		Year 9 7	
19. Discrepancy Indication Space		20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Darin T. Olson		Signature <i>Darin T. Olson</i>		Month 0 2		Day 2 1		Year 9 7									

DO NOT WRITE BELOW THIS LINE.

90059104  
IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA, CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address MC DONNELL DOUGLAS REALITY CO. 4060 LAKEWOOD BLVD., 6TH FLOOR LONG BEACH, CA XX 90808		C   A   D   0   8   6   5   1   0   0   0   5   5   6   1   0   4		963581 4		
4. Generator's Phone (310) 627-3014						
5. Transporter 1 Company Name MP ENVIRONMENTAL		6. US EPA ID Number C   A   T   0   0   0   6   2   4   2   4   7				
7. Transporter 2 Company Name UNION PACIFIC TRANSPORTATION		8. US EPA ID Number C   A   D   0   0   6   9   1   3   2   0   6				
9. Designated Facility Name and Site Address ECDC ENVIRONMENTAL 1111 WEST HWY 123 EAST CARBON, UT 84520		10. US EPA ID Number U   T   C   0   9   3   0   1   2   2   0   1				
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	15. Waste Number
a. RQ ASBESTOS, 9, NA2212, PG III		0101	C   M	0000214	Y	EPA/OMB
b.						EPA/OMB
c.						EPA/OMB
d.						EPA/OMB
1. Additional Descriptions for Materials Listed Above FRIABLE ASBESTOS CONTAINING WASTE		16. Handling Codes for Waste Listed Above 0				
15. Special Handling Instructions and Additional Information SITE ADDRESS: 19503 S. NORMANDIE, TORRANCE, CA 90502 CST JOB#97-109A ASBESTOS REQUIREMENT 40 CFR 61 (BAGGED, SEALED, & LABELED) ERG# 31 EMERGENCY RESPONSE: 714-991-8300 RIN# 200-205 96-1643						
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Printed/Typed Name JOHN MARASCO		Signature John Marasco		Month Day Year 012 114 917		
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name THOMAS BLISSIE		Signature Thomas Blissie		Month Day Year 012 114 917		
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name JAMES TOMLINSON		Signature James Tomlinson		Month Day Year 012 114 917		
19. Discrepancy Indication Space						
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Darin T. Olson		Signature D Olson		Month Day Year 022897		

DO NOT WRITE BELOW THIS LINE.

96259105

GENERATOR  
SPILL, IL TL, ATIO, RESF, 1-800-444-8300, WITHIN CALIFORNIA, CALL 1-800-852-7550

EM  
CY  
N  
CA  
FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address MC DONNELL DOUGLAS REALITY CO. 4060 LAKEWOOD BLVD., 6TH FLOOR LONG BEACH, CA 90808 4. Generator's Phone (310) 627-3014		C   A   D   0   8   6   5   1   0   0   0   5	5   9   1   0   5	A. State Manifest Document Number 96359105	
5. Transporter 1 Company Name MP ENVIRONMENTAL		6. US EPA ID Number C   A   T   0   0   0   6   2   4   2   4   7		B. State Generator's ID H   A   H   0   3   6   0   0   5   6   9   8	
7. Transporter 2 Company Name UNION PACIFIC TRANSPORTATION		8. US EPA ID Number C   A   D   0   0   6   9   1   3   2   0   6		C. State Transporter's ID D. Transporter's Phone 805-393-1151	
9. Designated Facility Name and Site Address ECDC ENVIRONMENTAL 1111 WEST HWY 123 EAST CARBON, UT 84520		10. US EPA ID Number U   T   C   0   9   3   0   1   2   2   0   1		E. State Transporter's ID F. Transporter's Phone 800-576-8444	
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type		13. Total Quantity	14. Unit Wt/Vol
a. RQ ASBESTOS, 9, NA2212, PG III		001 C M		00024	Y
b.					
c.					
d.					
15. Special Handling Instructions and Additional Information SITE ADDRESS: 19503 S NORMANDIE, TORRANCE, CA 90502 ASBESTOS REQUIREMENT 40 CFR 61 (BAGGED, SEALED, & LABELED) EMERGENCY RESPONSE: 714-991-8300		CST JOB#97-109A ERG# 31		BIN# 200-164 96-1642	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.  If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name John MARASCO		Signature John Marasco		Month Day Year 012/11/4/97	
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name Thomas BLESSIE		Signature Thomas Blessie	
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name James Tamblase		Signature James Tamblase	
19. Discrepancy Indication Space		20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.		Printed/Typed Name Darin T. Olson	
		Signature D Olson		Month Day Year 012/11/4/97	

DO NOT WRITE BELOW THIS LINE.



9-013-033  
IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA, CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1	Information in the shaded areas is not required by Federal law.
		C   A   D   0   8   6   5   1   0   0   5   1   3   9   9   3		1 of 1	10/9/96
3. Generator's Name and Mailing Address MC DONNELL DOUGLAS REALTY CO. 4060 LAKEWOOD BLVD., 6TH FLOOR LONG BEACH, CA 90808 4. Generator's Phone (310) 627-3014			A. State Manifest Document Number 96013993		
5. Transporter 1 Company Name UNION PACIFIC TRANSPORTATION M.P. ENVIRONMENTAL TB			B. State Generator's ID H   A   H   Q   3   6   0   0   5   6   9   8		
6. US EPA ID Number C   A   D   0   0   6   9   1   3   2   0   6			C. State Transporter's ID		
7. Transporter 2 Company Name UNION PACIFIC TRANSPORTATION			D. Transporter's Phone 800-576-8444		
8. US EPA ID Number G   A   D   0   0   6   9   1   3   2   0   6			E. State Transporter's ID		
9. Designated Facility Name and Site Address ECDC ENVIRONMENTAL 1111 W. HWY 123 EAST CARBON, UT 84520			F. Transporter's Phone		
10. US EPA ID Number U   T   C   0   9   3   0   1   2   2   0   1			G. State Facility's ID U   T   A   H   P   P   T   P		
H. Facility's Phone 800-444-4451					
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste Number
a. RQ ASBESTOS, 9, NA2212, PG III		0101 C M	010025	Y	State 151 EPA/Other NONE
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other
J. Additional Descriptions for Materials Listed Above FRIABLE ASBESTOS CONTAINING WASTE			K. Handling Codes for Wastes Listed Above a. 03 b. c. d.		
15. Special Handling Instructions and Additional Information SITE ADDRESS: 19503 S. NORMANDIE, TORRANCE, CA 90502 CST JOB#97-109A ASBESTOS REQUIREMENT 40 CFR 61 (BAGGED, SEALED & LABELED) ERG# 31 EMERGENCY RESPONSE: 714-991-8300 BIN 20D-158 96-1642 ✓					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.  If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name John MARASCO		Signature John Marasco		Month Day Year 10/12/96	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Thomas BLESSIN		Signature Thomas Blessin		Month Day Year 10/12/96	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name James Tomblawo		Signature James Tomblawo		Month Day Year 10/12/96	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Darin T. Olson		Signature D Olson		Month Day Year 10/12/96	

DO NOT WRITE BELOW THIS LINE.



90013005  
IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA, CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1	Information in the shaded areas is not required by Federal law.
		C A D 0 8 6 5 1 0 0 0 5	1 3 9 9 5	1 of 1	
3. Generator's Name and Mailing Address MC DONNELL DOUGLAS REALTY CO. 4060 LAKEWOOD BLVD., 6TH FLOOR LONG BEACH, CA 90808 4. Generator's Phone (310) 627-3014				A. State Manifest Document Number 96013995	
5. Transporter 1 Company Name UNION PACIFIC TRANSPORTATION M.I.P. ENVIRONMENTAL				B. State Generator's ID H A H Q 3 6 0 0 5 6 9 8	
6. US EPA ID Number EPT000624247 B C A D 0 0 6 9 1 3 2 0 6				C. State Transporter's ID	
7. Transporter 2 Company Name UNION PACIFIC TRANSPORTATION				D. Transporter's Phone 800-576-8444	
8. US EPA ID Number C A D 0 0 6 9 1 3 2 0 6				E. State Transporter's ID	
9. Designated Facility Name and Site Address ECDC ENVIRONMENTAL 1111 W. HWY 123 EAST CARBON, UT 84520				F. Transporter's Phone	
10. US EPA ID Number U T C 0 9 3 0 1 2 2 0 1				G. State Facility's ID U T A H 9 0 - 2	
				H. Facility's Phone 800-444-4451	
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste Number State EPA/Other
a. RQ ASBESTOS, 9, NA2212, PG III		001 C M	00024	Y	State 151 EPA/Other NONE
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other
J. Additional Descriptions for Materials Listed Above FRIABLE ASBESTOS CONTAINING WASTE				K. Handling Codes for Wastes Listed Above a. 03 b. c. d.	
15. Special Handling Instructions and Additional Information SITE ADDRESS : 19503 S. NORMANDIE, TORRANCE, CA 90502 CST JOB#97-109A ASBESTOS REQUIREMENT 40 CFR 61 (BAGGED, SEALED & LABELED) ERG # 31 EMERGENCY RESPONSE; 714-991-8300 BIN# 200-110 96-1642 ✓					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.  If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name JOHN MARASCO		Signature John Marasco		Month Day Year 1 2 1 8 9 6	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name THOMAS BLISSIE		Signature Thomas Blissie		Month Day Year 1 2 1 8 9 6	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name James Tomlinson		Signature James Tomlinson		Month Day Year 1 2 1 8 9 6	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Darin T. Olson					
Signature D Olson Month Day Year 0 1 0 2 9 6					

DO NOT WRITE BELOW THIS LINE.

96013996

GENERATOR  
TRANSPORTER  
FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1	Information in the shaded areas is not required by Federal law.
		C A D 0 8 6 5 1 0 0 0 5 1 3 9 9 6	1 3 9 9 6	1 of 1	10/8/96
3. Generator's Name and Mailing Address MC DONNELL DOUGLAS REALTY CO. 4060 LAKEWOOD BLVD., 6TH FLOOR LONG BEACH, CA 90808 4. Generator's Phone ( 310 627-3014			A. State Manifest Document Number 96013996		
5. Transporter 1 Company Name UNION PACIFIC TRANSPORTATION			B. State Generator's ID H A H Q 3 6 0 0 5 6 9 8		
6. US EPA ID Number 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			C. State Transporter's ID		
7. Transporter 2 Company Name			D. Transporter's Phone 800-576-8444		
8. US EPA ID Number			E. State Transporter's ID		
9. Designated Facility Name and Site Address ECEC ENVIRONMENTAL 1111 W. HWY 123 EAST CARBON, UT 84520			F. Transporter's Phone		
10. US EPA ID Number U T Q Q 9 3 0 1 2 2 0 1			G. State Facility's ID U T A H 9 0 - 2		
H. Facility's Phone 800-444-4451					
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	1. Waste Number
a. RQ ASBESTOS, 9, NA2212, PG III		001 C M	00196	Y	State 151 EPA/Other NONE
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other
J. Additional Descriptions for Materials Listed Above FRIABLE ASBESTOS CONTAINING WASTE			K. Handling Codes for Wastes Listed Above a. 03 b. c. d.		
15. Special Handling Instructions and Additional Information SITE ADDRESS: 19503 S. NORMANDIE, TORRANCE, CA 90502 CST JOB#97-109A ASBESTOS REQUIREMENT 40 CFR 61 (BAGGED, SEALED & LABELED) ERG# 31 EMERGENCY RESPONSE: 714-991-8300 SSW 66 565					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name John Moraslo		Signature John Moraslo		Month Day Year 11 06 96	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Fes Boyd		Signature Fes Boyd		Month Day Year 11 06 96	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space 96-1642					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Darin T. Olson					
Signature Darin T. Olson		Signature		Month Day Year 11 11 99	

DO NOT WRITE BELOW THIS LINE.

White: TSDf SENDS THIS COPY TO DTSC WITHIN 30 DAYS.  
To: P.O. Box 3000, Sacramento, CA 95812

96013997

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address MC DONNELL DOUGLAS REALTY CO. 800 LAKEWOOD BLVD., 6TH FLOOR LONG BEACH, CA 90803		CA 01013997	1 1 1 2 0 7	1 of 1	12/7/96
4. Generator's Phone (910) 427-3114		6. US EPA ID Number		A. State Manifest Document Number: 96013997	
5. Transporter 1 Company Name UNION PACIFIC TRANSPORTATION		8. US EPA ID Number		B. State Generator's ID: HIAH036005698	
7. Transporter 2 Company Name		9. US EPA ID Number		C. State Transporter's ID	
9. Designated Facility Name and Site Address ECOC ENVIRONMENTAL 1111 W. HWY 123 EAST CARBON, UT 84520		10. US EPA ID Number		D. Transporter's Phone: 800-576-9444	
		11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		E. State Transporter's ID	
		12. Containers		F. Transporter's Phone	
		13. Total Quantity		G. State Facility's ID: UTAH 90-2	
		14. Unit Wt/Vol		H. Facility's Phone: 800-444-4451	
a. RQ ASBESTOS, 9, NA2212, PG III		No. Type		I. Waste Number	
b.				State: 151	
c.				EPA/Other: NONE	
d.				State:	
				EPA/Other:	
J. Additional Descriptions for Materials Listed Above FRIABLE ASBESTOS CONTAINING WASTE		K. Handling Codes for Wastes Listed Above 03			
15. Special Handling Instructions and Additional Information SITE ADDRESS: 19503 S. NORMANDIE, TORRANCE, CA 90502 CST JOB#97-108AAAAA ASBESTOS REQUIREMENT 40 CFR 61 (BAGGED, SEALED & LABELED) ERG # 31 EMERGENCY RESPONSE: 714-901-3300 SP 247577					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.  If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name		Signature		Month Day Year	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Month Day Year	
Printed/Typed Name		Signature		Month Day Year	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month Day Year	
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space 16-1042					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name		Signature		Month Day Year	
Darin T. Olson		[Signature]		11/15/96	

DO NOT WRITE BELOW THIS LINE.

96058001  
IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.		Manifest Document No.		2. Page 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address MC DONNELL DOUGLAS REALTY CO. 4060 LAKEWOOD BLVD., 6TH FLOOR LONG BEACH, CA 90808 4. Generator's Phone (310) 627-3014		C A D O R 6 5 1 0 0 0 5		5 8 9 4 1		of 1		A. State Manifest Document Number 96358941	
5. Transporter 1 Company Name UNION PACIFIC TRANSPORTATION		6. US EPA ID Number C A D 0 0 6 9 1 3 2 0 6		D. Transporter's Phone 800-576-8444		B. State Generator's ID H A R D B R P P F F P P		E. State Transporter's ID	
7. Transporter 2 Company Name		8. US EPA ID Number		F. Transporter's Phone		G. State Facility's ID U T X 9 4 1 2 2		H. Facility's Phone 800-444-4451	
9. Designated Facility Name and Site Address ECDC ENVIRONMENTAL 1111 W. WHY 123 EAST CARBON, UT 84520		10. US EPA ID Number U T C 0 9 3 0 1 2 2 0 1		11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type		13. Total Quantity	
a.				RQ ASBESTOS, 9, NA2212, PG III (ERG# 171)		001 B A		00024 Y	
b.									
c.									
d.									
14. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above		a. 03		b.		c.	
DANGER ASBESTOS CONTAINING WASTE									
15. Special Handling Instructions and Additional Information SITE ADDRESS: 19503 S. NORMANDIE, TORRANCE, CA 90502 CST JOB#97-109A ASBESTOS REMOVAL REQUIREMENT 40 CFR 61 (BAGGED, SEALED & LABELED) EMERGENCY RESPONSE: 714-991-8300 BIN# 200-207 #96-1642 ✓									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name JOHN MARASCO		Signature John Marasco		Month 12		Day 18		Year 96	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Thomas Blissie		Signature Thomas Blissie		Month 12		Day 18		Year 96	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name James Tomlinson		Signature James Tomlinson		Month 12		Day 18		Year 96	
19. Discrepancy Indication Space									
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Darin T. Olson		Signature D Olson		Month 01		Day 02		Year 96	

DO NOT WRITE BELOW THIS LINE.

955512  
IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA, CALL 1-800-852-7550

UNIFORM HAZARDOUS  
WASTE MANIFEST

1. Generator's US EPA ID No. C A D 0 8 6 5 1 0 0 0 5 5 8 9 4 2		Manifest Document No. 1 of 1		2. Page 1		Information in the shaded areas is not required by Federal law.			
3. Generator's Name and Mailing Address MC DONNELL DOUGALS REALTY CO. 4060 LAKEWOOD BLVD., 6TH FLOOR LONG BEACH, CA 90808 4. Generator's Phone (310) 627-3014						A. State Manifest Document Number 96358942			
5. Transporter 1 Company Name UNION PACIFIC TRANSPORTATION						B. State Generator's ID H A H Q 3 6 0 0 5 6 9 8			
6. US EPA ID Number C A D 0 0 6 9 1 3 2 0 6						C. State Transporter's ID			
7. Transporter 2 Company Name						D. Transporter's Phone 800-576-8444			
8. US EPA ID Number						E. State Transporter's ID			
9. Designated Facility Name and Site Address ECDC ENVIRONMENTAL 1111 W. WHY 123 EAST CARBON, UT 84520						F. Transporter's Phone			
10. US EPA ID Number U T C 0 9 3 0 1 2 2 0 1						G. State Facility's ID U T 9 4 - 2 2			
H. Facility's Phone 800-X444-4451									
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste Number		
a. RQ ASBESTOS, 9, NA2212, PG III (ERG# 171)				001 B A	010024	Y	State 151 EPA/Other		
b.							State EPA/Other		
c.							State EPA/Other		
d.							State EPA/Other		
15. Special Handling Instructions and Additional Information SITE ADDRESS: 19503 S. NORMANDIE, TORRANCE, CA 90502 ASBESTOS REMOVAL REQUIREMENT 40 CFR 61 (BAGGED, SEALED & LABELED) EMERGENCY RESPONSE: 714-991-8300 BIN# 200-164				K. Handling Codes for Wastes Listed Above a. 03 b. c. d.					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.  If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name JOHN MARASCO		Signature John Marasco		Month 12		Day 18		Year 96	
Printed/Typed Name THOMAS BLISSIE		Signature Thomas Blissie		Month 12		Day 18		Year 96	
Printed/Typed Name JAMES TOMLINSON		Signature James Tomlinson		Month 12		Day 18		Year 96	
19. Discrepancy Indication Space									
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.									
Printed/Typed Name Darin T. Olson		Signature D Olson		Month 01		Day 02		Year 96	

DO NOT WRITE BELOW THIS LINE.



# **Hauler Permit & Landfill Fact Sheets**

CST will be using the ECDC Environmental Facility as the waste site and MP Environmental Services for waste transportation. All asbestos containing material will be handled, transported and disposed of as per federal, state and local regulations.

ECDC Environmental  
1111 W. Highway 123  
East Carbon, Utah 84520  
(801) 888-4451  
Utah DEQ Permit #9422

MP Environmental Services Inc.  
3400 Manor Street  
Bakersfield, CA 93308  
(805) 393-1151  
EPA ID# CAT000624247





DEPARTMENT OF ENVIRONMENTAL QUALITY  
DIVISION OF SOLID AND HAZARDOUS WASTE

Michael O. Leavitt  
Governor  
Dianne R. Nielson, Ph.D.  
Executive Director  
Dennis R. Downs  
Director

288 North 1460 West  
P.O. Box 144880  
Salt Lake City, Utah 84114-4880  
(801) 538-6170 Voice  
(801) 538-6715 Fax  
(801) 536-4414 T.D.D.

January 19, 1996

Mr. Steve Noble, P.E.  
ECDC Environmental, L.C.  
P.O. Box 69  
East Carbon, Utah 84520

Dear Mr. Noble:

**RE: Final ECDC Permit Renewal, Permit #9422**


Enclosed is the Solid Waste Permit #9422 effective January 15, 1996. This permit authorizes ECDC to operate a Class V solid waste disposal facility. As noted on the cover page of the permit, this approval authorizes ECDC to operate a Class V landfill for five years. ECDC must submit a renewal application at least six months prior to the expiration date of this permit (before July 15, 2001.)

Although this permit authorizes the operation of a landfill, ECDC will need to obtain authorization from the Division of Solid and Hazardous Waste for the construction of each disposal cell or portion of a disposal cell.

The responses to public comments are also enclosed for your files. These responses have been paraphrased from four written comments submitted to the Division of Solid and Hazardous Waste. The original letters submitted to this office are located in the Division's files.

If you have any questions regarding either the permit or the responses to public comments, please call Roy Van Os of my staff at (801) 538-6170.

Sincerely,

  
Dennis R. Downs, Executive Secretary  
Utah Solid and Hazardous Waste Control Board

enclosures  
DRD/RVO/sm



## PERMIT REQUIREMENTS

NAME: ECDC Environmental, L.C.

ADDRESS: 1111 W. Highway 123  
P.O. Box 69  
East Carbon, Utah 84520  
(801) 888-4451

TYPE OF PERMIT: Class V Landfill

PERMIT NUMBER: 9422

LOCATION: The ECDC Environmental, L.C. (ECDC) is located within sections 7,8,9,10,16, 17, and 18. The legal description of the is noted in Appendix A of the Permit Renewal Application.

Permit as used in this document is defined in Utah Administrative Code (UAC) R315-301-2(54).

The application for renewal was received September 22, 1994. All representations made in the permit application are part of this permit and will also become part of the operating record of the ECDC permit. Where differences in wording exist between this permit and the application, the wording of the permit supersedes that of the application.

By this permit to operate, the Permittee is subject to the following conditions.

### I. GENERAL COMPLIANCE RESPONSIBILITIES

#### A. General Operation

The Permittee shall operate the Class V Landfill in accordance with all requirements of UAC R315-302 and 303 unless otherwise noted in this permit. Any permit noncompliance or other noncompliance constitutes a violation of UAC R315-302 or 303 and is grounds for appropriate enforcement action, revocation and reissuance, modification, or denial of a permit renewal application.

#### B. Acceptable Waste

This permit is for the disposal of nonhazardous solid waste which may include, municipal solid waste, commercial solid waste, industrial solid waste, construction/demolition waste, and special waste as defined in UAC R315-301-2.

UTAH SOLID AND HAZARDOUS WASTE CONTROL BOARD

SOLID WASTE PERMIT

CLASS V LANDFILL

Pursuant to the provisions of the *Utah Solid and Hazardous Waste Act*, Title 19, Chapter 6, Utah Code Annotated (UCA) 1953, as amended (the Act) and the *Utah Solid Waste Permitting and Management Rules*, Utah Administrative Code (UAC) R315-301 through 320 (the Solid Waste Rules) adopted thereunder,

ECDC ENVIRONMENTAL, L.C.

is hereby authorized to operate a Class V Landfill located in Township 15 South, Range 13 East, Salt Lake Base and Meridian, Carbon County, Utah and within the city limits of East Carbon City more specifically described as follows within the Permit Application, Appendix A.

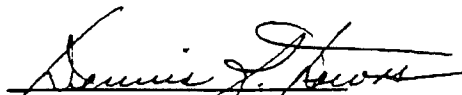
The operation of this commercial municipal and industrial waste landfill is subject to the condition that ECDC Environmental, L.C. meet the requirements set forth herein.

All references to UAC R315-301 through 320 are to regulations that are in effect on the date that this permit becomes effective.

This permit shall become effective January 15, 1996.

This permit shall expire at midnight January 14, 2001.

Signed this 12 day of January, 1996.



Dennis R. Downs, Executive Secretary  
Utah Solid and Hazardous Waste Control Board

## DEPARTMENT OF TOXIC SUBSTANCES CONTROL

P STREET, 4TH FLOOR

BOX 806

SACRAMENTO, CA 95812-0806



(916) 323-3219

## \*\*\* HAZARDOUS WASTE TRANSPORTER REGISTRATION \*\*\*

NAME AND ADDRESS OF REGISTERED TRANSPORTER:

M.P. Environmental Services, Inc.  
3400 Manor Street  
Bakersfield, California 93308

TRANSPORTER REGISTRATION NO: 2895EXPIRATION DATE: May 31, 1997

THIS IS TO CERTIFY THAT THE FIRM NAMED ABOVE IS DULY REGISTERED  
TO TRANSPORT HAZARDOUS WASTE IN THE STATE OF CALIFORNIA IN  
ACCORDANCE WITH THE PROVISIONS OF CHAPTER 6.5, DIVISION 20 OF THE  
HEALTH AND SAFETY CODE AND DIVISION 4.5, TITLE 22 OF THE  
CALIFORNIA CODE OF REGULATIONS.

THIS REGISTRATION CERTIFICATE MUST BE CARRIED WITH EACH SHIPMENT  
OF HAZARDOUS WASTE.

  
(AUTHORIZED SIGNATURE)

APR 10 1996

(DATE)

cc: California Highway Patrol



Printed on Recycled Paper



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION IX  
75 Hawthorne Street  
San Francisco, Ca. 94105

EPA ID NUMBER STATEMENT

☐ Generator

☐ TSD Facility

☒ Transporter

☐ Other \_\_\_\_\_

This is a statement verifying that EPA ID number CAT 000 624 242 has been issued to:

M P Environmental Svcs, Inc.

3400 Mason St.

Bakersfield, CA 93308

This is a permanent ID number. If you close the facility or have changes in any of the information requested on the form, you are required to alert EPA by sending a new Notification of Regulated Waste Activity (form 8700-12). To avoid confusion, make sure your EPA ID number appears on each subsequent notification.

All ID numbers are location specific. If you change locations, you must apply for a new ID number.

All correspondence regarding your ID number should be directed to:

U.S. EPA/PRC  
594 Howard St., #401  
San Francisco, CA 94105  
415-744-1107

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

10/29/1996

TELEPHONE (209)485-7100

FAX (209)485-6476

Eaton Insurance Brokers

149ulare Street Suite 300

Box 12906

San Jose, CA 95129

Debra Bailey

Ext

M P Environmental Services, Inc.

3400 Manor Street

Bakersfield, CA 93308

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

## COMPANIES AFFORDING COVERAGE

COMPANY A Zurich American Speciality  
COMPANY B Industrial Indemnity Insurance  
COMPANY C Steadfast Insurance  
COMPANY D

## COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY				GENERAL AGGREGATE \$ 10,000,000
X COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMPO/OP AGG \$ 10,000,000
CLAIMS MADE X OCCUR				PERSONAL & ADV INJURY \$ 10,000,000
OWNERS & CONTRACTOR'S PROT	GLO 3655133-00	11/02/1996	11/02/1997	EACH OCCURRENCE \$ 10,000,000
				FIRE DAMAGE (Any one fire) \$ 50,000
				MED EXP (Any one person) \$ 5,000
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$ 10,000,000
X ANY AUTO				BODILY INJURY (Per person) \$
ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
SCHEDULED AUTOS	TRK 3655134-00	11/02/1996	11/02/1997	PROPERTY DAMAGE \$
X HIRED AUTOS				
X NON-OWNED AUTOS				
X MCS-90				
X Incl. Pollution				
GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
ANY AUTO				OTHER THAN AUTO ONLY: \$
				EACH ACCIDENT \$
				AGGREGATE \$
EXCESS LIABILITY				EACH OCCURRENCE \$
UMBRELLA FORM				AGGREGATE \$
OTHER THAN UMBRELLA FORM				
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				X NO STATUTORY LIMITS OTHER \$
THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE	CJ 960-8515	10/01/1996	10/01/1997	EL EACH ACCIDENT \$ 1,000,000
OTHER				EL DISEASE - POLICY LIMIT \$ 1,000,000
Pollution Liability	PEC 3660501-00	11/02/1996	11/02/1997	EL DISEASE - EA EMPLOYEE \$ 1,000,000
				\$1,000,000 - Each Claim
				\$2,000,000 - Total Claims
				\$25,000 Deductible

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Thomas

To Whom It May Concern

ACORD CORPORATION 11